

TIMBER HARVESTING APPLICATION
FOSTER TOWNSHIP, LUZERNE COUNTY, PENNSYLVANIA

1. PROPERTY INFORMATION:

Property Address: _____

PROPERTY IDENTIFICATION NUMBER (PIN#): _____

DEED BOOK AND PAGE NUMBER: _____

ZONING DISTRICT(S): _____

SIZE OF PROPERTY: ACRES: _____ SQUARE FEET: _____

CURRENT USE OF PROPERTY: _____

2. LANDOWNER AND OPERATOR INFORMATION:

Landowner's Name, Address and Telephone Number:

() _____

Operator's Name, Address and Telephone Number:

() _____

3. FORESTRY-TIMBER HARVESTING INFORMATION:

REASON FOR TIMBER HARVESTING: _____

TYPE OF CUT: _____ CLEAR CUT _____ SELECT CUT

SIZE OF TOTAL AREA TO BE CUT: ACRES: _____ SQUARE FEET: _____

DOES VALUE OF TREES, LOGS AND/OR FOREST PRODUCTS EXCEED \$1,000.00 IN VALUE: _____ YES _____ NO

TOWNSHIP ROADS TO BE TRAVELED:

LENGTH OF TOWNSHIP ROADS TO BE USED CALCULATED IN LINEAR MILES:

TYPE AND AMOUNT OF BOND TO GUARANTEE REPAIR TO TOWNSHIP ROADS DAMAGED BY TIMBERING OPERATION:

TYPE: _____ AMOUNT: _____

NOTE: THE AMOUNT OF BOND OR FINANCIAL GUARANTEE IS BASED UPON: \$12,500.00 per linear mile for paved Township roads and \$6,000.00 per linear mile for unpaved Township roads.

LENGTH OF CONTRACT WITH PROPERTY OWNER: _____

STARTING DATE: _____ ENDING DATE: _____

4. REQUIRED SUPPORTING DOCUMENTATION:

PLEASE CHECK IF THE FOLLOWING REQUIRED DOCUMENTATION IS ATTACHED TO THIS APPLICATION:

_____ LOGGING PLAN UNDER SECTION 801.24 OF THE FOSTER TOWNSHIP ZONING ORDINANCE

_____ APPLICATION FEE OF \$100.00

TOWNSHIP USE ONLY

DATE APPLICATION WAS RECEIVED: _____

FEE PAID: \$100.00 MANNER OF PAYMENT: _____ DATE PAID: _____

APPROVED _____ OR DENIED _____ THIS _____ DAY
OF _____

APPROVAL IS SUBJECT TO THE FOLLOWING CONDITIONS:

**OWNER AND OPERATOR MUST COMPLY WITH THE FOREST PRACTICES
SETFORTH IN SECTION 801.24(D) OF THE FOSTER TOWNSHIP ZONING
ORDINANCE.**

ZONING OFFICER

- _____ SOIL EROSION AND SEDIMENTATION PLAN APPROVED BY LUZERNE CONSERVATION DISTRICT
- _____ WRITTEN SERVICE AGREEMENT BETWEEN LANDOWNER AND OPERATOR
- _____ FINANCIAL SECURITY (IF TOWNSHIP ROADS ARE USED)
- _____ PROOF OF GENERAL LIABILITY INSURANCE LISTING FOSTER TOWNSHIP AS A CERTIFICATE HOLDER
- _____ PROOF OF WORKER'S COMPENSATION OR A SIGNED AND NOTARIZED AFFIDAVIT THAT THE FORESTER HAS NO EMPLOYEES
- _____ PERMITS OR APPROVALS FROM ANY OTHER REGULATORY AGENCY SUCH AS PENNDOT
- _____ EASEMENT AGREEMENTS (IF ANY)

NOTE: A COPY OF THE LOGGING PLAN SHALL BE AVAILABLE FOR INSPECTION ON THE PROPERTY AT ALL TIME DURING FORESTRY-TIMBER HARVESTING ACTIVITIES. THE ZONING PERMIT ONCE ISSUED IS VALID FOR A PERIOD OF ONE YEAR FROM THE DATE OF ISSUANCE.

BY SIGNING BELOW, THE APPLICANT AND OWNER AGREE THAT THEY SHALL BE LIABLE INDIVIDUALLY, JOINTLY AND SEVERALLY FOR REPAIRING ANY DAMAGE TO ANY ROADS ASSOCIATED WITH THE TIMBER HARVESTING OPERATION (INCLUDING TOWNSHIP, STATE AND/OR COUNTY ROADS) TO THE EXTENT THE DAMAGE IS IN EXCESS OF THAT CAUSED BY NORMAL TRAFFIC.

BY SIGNING BELOW, I VERIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION AND ATTACHED ARE TRUE AND CORRECT TO THE BEST OF KNOWLEDGE, INFORMATION AND BELIEF. I UNDERSTAND THAT FALSE STATEMENTS ARE MADE SUBJECT TO THE PENALTIES OF 18 PA.C.S.A SECTION 4904 RELATING TO UNSWORN FALSIFICATION TO AUTHORITIES.

SIGNATURE OF APPLICANT	DATE
SIGNATURE OF OWNER	DATE