SCHEDULE "C" COUNTY OF MIDDLESEX NOTICE OF INTENT GOOD FORESTRY PRACTICE

WCB5738 SC V1

Please print clearly using black ink

considerations.

Completed Notice of Intent to be received by the Woodland Conservation Officer at LEAST 14 DAYS PRIOR TO COMMENCING OF THE DESTRUCTION or INJURY OF TREES. All sections are to be filled out completely. Failure to do so will result in making this notice of intent null and void, and this document will be returned to the applicant for correction. This Notice of Intent is valid for one year after submission.

Property Owner Surname:_		Given Name:							
Address:		Postal Code:							
Telephone:		FAX:ssionMunicipality:							
Woodlot Location Lot	Conce	ssionMunicipality:							
E-mail:									
Reason for Tree Removal	_	0. 11							
Commercial Timber Harvest		Stand Improvement							
Firewood Removal		Other (specify)							
TREE HARVEST SUMMARY		PRESCRIPTION INFORMATION:							
(A legible tally sheet can be	substituted and	Prescription prepared by:							
attached)		Mailing Address:							
Tree Species	No.	Telephone Number:							
		Qualifications:							
		Date Prescription Prepared:							
		☐ Check if area has been inspected since tree marking							
		TREE MARKER INFORMATION:							
		Trees marked by:							
		Mailing Address: Telephone Number:							
		Qualifications:							
		Paint Colour:Date Marked:							
Total Tree	S	All trees to be cut shall be marked with a paint spot on opposite sides of the tree at a height no lower than 1.37 metres above the highest point of ground at the base of the tree. The mark shall be							
Volume Estimate (m³): Harvest Area (ha):		highest point of ground at the base of the tree. The mark shall be at least 8 centimetres in diameter for hardwood sawlogs/conifer poles or sawlogs and a slash 20 centimetres long for fuelwood/conifer sawlogs pulp. A similar mark shall be placed a							
GOOD FORESTRY PRACTICE A MUST INCLUDE THE FOLLOWI DOCUMENTATION:		the base of the tree below the saw line and extending to the ground. All trees shall be marked facing the same direction unless the terrain requires a change in direction, in which case the marking will proceed consistently with the terrain.							
A forest operations silvicul written and approved by a qu		CONTRACTOR INFORMATION:							
• Short (5 yrs) and Long (20+ related objectives.	yrs) term forestry	Name:							
 Present basal area and propo 	sed residual basal	Address:							
area distribution.	ood rooladal badal	FAX:Telephone:							
Instructions for tree markers		Person in charge of harvesting trees:							
• Current species composition, quality, regeneration.	age, height, stand	Estimated Starting Date:							
 Description of significant 	features, and	Estimated Starting Date:							
integrated resource	management	Person in Charge of Harvesting Trees is required to provide							

start date.

24 hour verbal or faxed confirmation to the Officer prior to

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MAP OF	AREA				Map n	nust be le	gible and	include:					
				¬ -	1								
				•									
				•	Location of buildings on property								
					Forested areas and harvest areas								
Indicate North					Log landing(s)								
					•	Power lines and Municipal ditches							
					to pow Compa damag to a log	quested the ver lines of any for as ge that may gging accillease indi	that they sistance to the contract of the cont	contact the contac	he loca an ac es and	al Hy ciden equip	dro it ar ome	Utility d any	
						☐Conservation Land Tax Incentive Program							
						☐Managed Forest Tax Incentive Program							
Basal Ar	ea - Dis	tribution	of Cut (C	omplete be	elow or att	tach a fore	st operation	ons silvicu	ltural p	rescr	iptic	n)	
Prism Tal	llv:	m²	/ ha	Basal Ar	ea Factor	r:							
Tree	Actual BA (m2/ha) BA to Cut (ı) Ideal B		
Size cm)	AGS	UGS	Total	AGS	UGS	Total	AGS	UGS	Tota	ıl			
10 - 24											4		
26-40											5		
42-48											5		
50-60											4		
62 +										2			
Total												20	
If the lando	wner is s	elling stan	ding timber	r to a logge	r for harve	esting has:				Yes		No	
a contract	been signe	ed between	landowner	and contrac	tor?								
the contrac	ctor provide	ed proof of	WSIB cover	age for emp	oloyees /lia	bility insura	nce covera	ge?					
the contrac	ctor provide	ed proof of	cutter/skidd	er certification	on for all er	mployees a	nd themsel	ves?					
the main s	kid trail be	en delineat	ed?										
Have arra	ngements	been mad	e to harves	t the fuelw	ood from	tree tops?							
the Count	y of Mido ge havino	dlesex an received	d that I a	ance with tam familia	r with the	e contents	and rec	quirements	s of th	nis By	y-la\	w and	
Further, I a a mail disru	gree to co uption, this	ontact the s s form mag	Officer or tl y be delive	ne Clerk 14 red to any	1 days pric local mun	or to comm icipal offic	encing ha e.	rvesting o	f trees	. In th	ne e	vent of	
Signature o	Signature of Prescription Writer Date					nature of T	ree Marke	er		Pate			

Date

Signature of Contractor

Date

Signature of Landowner