

**TOWN OF HORNELLSVILLE
LOGGING PERMIT**

OFFICIAL USE ONLY

DATE RECEIVED: ___/___/___

FORM OF PAYMENT: PERMIT NO: _____

DATE ISSUED: ___/___/___

CASH _____

CHECK#: _____

Code Enforcement Officer

COST: \$50 _____

EXPIRES ONE (1) YEAR FROM ISSUE DATE

Highway Superintendent

Code Enforcement Officer must be notified before any logging operation begins.

APPLICATION FOR LOGGING PERMIT (Please print and fill in completely.)

1. PROJECT LOCATION: _____

2. TAX MAP NO.: _____

3. LANDOWNER'S NAME: _____ PHONE NO.: _____

4. LANDOWNER'S MAILING ADDRESS: _____

5. CONTRACTOR'S NAME: _____ PHONE NO.: _____

6. CONTRACTOR'S MAILING ADDRESS: _____

7. SUB-CONTRACTOR'S NAME: _____ PHONE NO.: _____

8. SUB-CONTRACTOR'S MAILING ADDRESS: _____

9. NAME(S) OF THE ROAD(S) TO BE USED: _____

10. LOCATION(S) OF LOADING POINTS: _____

11. PROOF OF WORKERS COMPENSATION: _____

12. PROOF OF LIABILITY INSURANCE: _____

13. COMPLETED ENVIRONMENTAL SHORT FORM (AS APPLICABLE): _____

14. ANTICIPATED PERIOD OF TIME THAT THE LAND SHALL BE UTILIZED FOR
THE LOGGING OPERATION: _____

NOTES:

APPLICANT SIGNATURE: _____ DATE: _____