

GUIDELINES FOR CIRCUMFERENCE LIMIT PERMIT APPLICATION

THE CORPORATION OF THE COUNTY OF WELLINGTON PURSUANT TO FOREST CONSERVATION BY-LAW NO. 5115-09

A Circumference Permit is required to undertake a sustainable selective harvest in compliance with the criteria set out in the by-law and limits set out in Schedule A.

APPLICATION REQUIREMENTS

- NO TREE HARVESTING CAN OCCUR UNTIL A PERMIT HAS BEEN ISSUED
- A Scoped Environmental Impact Study may be required if the County feels it appropriate. Study requirements will be determined by County Staff. The study will generally be circulated to the appropriate conservation authority for comments prior to permit approval.
- The Application must be submitted at least 14 days prior to the anticipated harvest date.
- Limitations on the harvest may be indicated as conditions of the permit.
- Prior to submitting your Application, you are required to review the Wellington County Forest Conservation By-Law
- **ALL** sections of the Application are to be completed in full, signed by all appropriate individuals.
- **ALL** applications are to be delivered to Carli Rietkerk, c/o Planning and Development Department, 74 Woolwich Street, Guelph, ON N1H 3T9 or via email: carlir@wellington.ca
- An incomplete or illegible application will not be processed and will be returned to the applicant.

EFFECTIVE DATES OF PERMIT

A Circumference Permit is valid for 1 year after approval. The County can extend the permit for additional years if the harvest is delayed or an extension required for other reasons.

TREE MARKING

All trees to be cut shall be marked to the assigned Officer's satisfaction as per Section 4.3.3, with a paint mark at least two (2) inches square on at least two opposite sides of the tree at approximately 4.5 feet above the highest point of ground at the base of the tree. A vertical paint line shall be placed at the tree base below the saw line and extending to the ground.

FEES Circumference Permit – \$0 **SIGN** Property permit sign will be provided by County

COMPLETED APPLICATIONS RECEIVED BY

All completed applications are to be dropped-off, mailed or emailed to Carli Rietkerk, Planning and Development Department, County of Wellington, 74 Woolwich Street, Guelph, Ontario N1H 3T9. carlir@wellington.ca (519) 837-2600 Ext. 2140. Faxed applications will no longer be accepted.

CIRCUMFERENCE LIMIT PERMIT APPLICATION

THE CORPORATION OF THE COUNTY OF WELLINGTON PURSUANT TO FOREST CONSERVATION BY-LAW NO. 5115-09

THIS PERMIT APPLICATION TO BE COMPLETED, SIGNED BY ALL APPROPRIATE INDIVIDUALS AND DELIVERED TO THE FOREST CONSERVATION BY-LAW OFFICER, COUNTY OF WELLINGTON BEFORE THE PERMIT APPLICATION WILL BE CONSIDERED. PROVIDE AT LEAST 14 DAYS BEFORE A PERMIT MAY BE ISSUED.

Fill in or Circle the appropriate information. (Agent is individual acting for the Property Owner)

Property Owner:
Mailing Address:

Property Owner's Agent:
Mailing Address:

Postal Code:

Postal Code:

Telephone:

Fax:

Telephone:

Fax:

Email:

Email:

Information on Property where trees are to be harvested:

Date of Purchase of Land (woodlot): _____

Civic Address (number & road name) of property: _____

Legal Description of property: Lot _____ Concession _____ Township _____

Area of Property: _____ Forest Area on Property: _____ Forest Area to be cut: _____

Is this woodland enrolled in the Managed Forest Tax Incentive Program? **Yes** **No**

Is this woodland enrolled in the Conservation Land Tax Incentive Program? **Yes** **No**

CONTRACTOR INFORMATION:

TREE MARKER INFORMATION:

Company: _____

Name & Company: _____

Contact Name: _____

Qualifications: _____

Address: _____

Address: _____

Tel: _____ Fax: _____

Tel: _____ Fax: _____

The **Tree Marker** was employed by: **Landowner** **Contractor** **Other** _____

Will a **Forester** or **Tree Marker** be monitoring the harvest for contract compliance? **Yes** **No**

Please provide sketch of property showing stands to be harvested below:

Show property boundary, area where trees are marked, other forest stands, buildings, roads, logging access, north arrow, access for By-law officer, roads, drains, watercourses & other features.

Tree Marking - Color of Paint Used:

List of Marked Trees by Species

Number

Total number of trees to be cut: _____

(Attach additional sheet(s) if necessary)

STAND 1: Forest Type Upland Lowland **Species:** Hardwood Mixed Cedar Plantation
(Circle one) (Circle one)

Initial Basal Area (BA) _____ Units (circle one) ft²/acre m²/hectare
BA to be Removed _____ How Basal Area was determined prism _____ plots _____ other _____
BA to be Left after Cutting _____ Number of Plots _____ (Specify)

STAND 2: Forest Type Upland Lowland **Species:** Hardwood Mixed Cedar Plantation
(Circle one) (Circle one)

Initial Basal Area (BA) _____ Units (circle one) ft²/acre m²/hectare
BA to be Removed _____ How Basal Area was determined prism _____ plots _____ other _____
BA to be Left after Cutting _____ Number of Plots _____

STAND 3: Forest Type Upland Lowland **Species:** Hardwood Mixed Cedar Plantation
(Circle one) (Circle one)

Initial Basal Area (BA) _____ Units (circle one) ft²/acre m²/hectare
BA to be Removed _____ How Basal Area was determined prism _____ plots _____ other _____
BA to be Left after Cutting _____ Number of Plots _____

STAND 4: Forest Type Upland Lowland **Species:** Hardwood Mixed Cedar Plantation
(Circle one) (Circle one)

Initial Basal Area (BA) _____ Units (circle one) ft²/acre m²/hectare
BA to be Removed _____ How Basal Area was determined prism _____ plots _____ other _____
BA to be Left after Cutting _____ Number of Plots _____

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1. I agree that operations will be in accordance with the provisions of Forest Conservation By-law No.5115-09, of the County of Wellington and that I am familiar with the contents and requirements of this By-law.
 2. Further, I agree to contact the Officer (519) 835-8722, one day prior to the start of cutting and one day prior to the resumption of work after a fourteen day delay.

Signature of Owner: _____ **Date:** _____

Signature of Contractor: _____ **Date:** _____

Signature of Forester: _____ **Date:** _____

Signature of Tree Marker: _____ **Date:** _____

WELLINGTON COUNTY MAILING ADDRESS:

Carli Rietkerk, c/o Planning and Development Department, County of Wellington, 74 Woolwich Street,
Guelph, ON N1H 3T9.
Email carlir@wellington.ca