

GUIDELINES FOR GOOD FORESTRY PRACTICES PERMIT APPLICATION

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

A Good Forestry Practices permit is required to undertake a sustainable harvest where a silvicultural prescription has been prepared by a Forester (i.e. Registered Professional Forester or Associate Member of the Ontario Professional Foresters' Association) or a sustainable harvest is conducted according to Good Forestry Practices as Approved by the County Officer.

APPLICATION REQUIREMENTS

- NO TREE HARVESTING CAN OCCUR UNTIL A PERMIT HAS BEEN ISSUED
- A silvicultural prescription, signed and stamped by a Forester, must be submitted with the application.
- 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 & 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

The Good Forestry Practices permit is valid for 1 year after approval. The County may 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 4.2.3, with a paint mark at least two (2) inches square on at least two opposite sides of the tree at approximately 4.5 ft. 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.
- The marking shall be conducted by a Certified Tree Marker or approved by the Forester who approved the prescription.

SILVICULTURAL PRESCRIPTION REQUIREMENTS

A silvicultural prescription will normally be prepared, signed and stamped by a Forester, and must include descriptive and prescription information. However, a landowner may propose a prescription as per Section 4.2.2. **Descriptive Information:** species composition; description of stand structure, tree health and quality, and tree age classes; stand history; site characteristics; regeneration assessment; and basal area. **Prescription:** Landowner objectives; wildlife, ecological and operating concerns or restrictions; silvicultural system to be applied; tree marking instructions; target basal area reduction; and silvicultural objectives.

FEES Good Forestry Practice 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.

GOOD FORESTRY 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 OFFICE OF 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. The County may also require additional documentation.

Property Owner: Civic Address: _____
 Telephone: Fax: _____ Email: _____
 Mailing Address: _____

Postal Code: _____ Date of Purchase of Property: _____

Information on Property where trees are to be harvested:

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

Legal Description of property: Lot _____ Concession _____ Township _____
 Area of Property (acres): _____ 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**

FORESTER INFORMATION:

Company: _____
 Name & OPFA # _____
 Address: _____

TREE MARKER INFORMATION:

Name & Company: _____
 Qualifications: _____
 Address: _____

Tel: _____ Fax: _____

Tel: _____ Fax: _____

The **Forester** was employed by: **Landowner** **Contractor** **Other** _____

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

Has the marking been audited by the Forester? **Yes** **No**

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

CONTRACTOR INFORMATION:

Name & Company: _____
 Address: _____
 Tel: _____ Fax: _____

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 number to be cut: _____

(Attach additional sheet(s) if necessary)

A SILVICULTURAL PRESCRIPTION IS REQUIRED FOR EACH STAND

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

Purpose of cutting: Harvest mostly large/mature trees
(Circle one) Improvement - thin mostly smaller trees for firewood and logs
Combination - thin a mixture of larger and smaller trees,

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)

Purpose of cutting: Harvest mostly large/mature trees
(Circle one) Improvement - thin mostly smaller trees for firewood and logs
Combination - thin a mixture of larger and smaller trees,

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

Purpose of cutting: Harvest mostly large/mature trees
(Circle one) Improvement - thin mostly smaller trees for firewood and logs
Combination - thin a mixture of larger and smaller trees,

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)

(Attach additional sheets for STANDS if required)

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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's office (519) 837-2600 Ext. 2140, 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