NOTIFICATION OF OPERATIONS/APPLICATION FOR PERMIT

STATE OF OREGON

"Stewardship in Forestry"

DEPARTMENT OF FORESTRY

DEPARTMENT OF REVENUE

Notification Number:

OP | TO | LO

Geographic Area:

Date Received: _____ Time: _____

Initials: _____

District _____ Office: _____

Correction:

FILING THIS NOTIFICATION DOES NOT GRANT PERMISSION TO REMOVE FOREST PRODUCTS! FIRST OBTAIN PERMISSION FROM THE LANDOWNER AND TIMBER OWNER.

ON-SITE INSPECTIONS MAY BE CONDUCTED BY THE STATE FORESTER/STEWARDSHIP FORESTER TO ENSURE COMPLIANCE WITH STATE LAWS AND RULES GOVERNING FIRE PROTECTION AND FOREST PRACTICES ON PRIVATE LAND.

1. COUNTY Write in one county name:

2. NOTICE AND PERMIT TYPE

Check Appropriate Boxes (2A, 2B, and/or 2C)

- ☐ 2A NOTICE TO THE STATE FORESTER THAT OPERATION WILL BE CONDUCTED ON LANDS DESCRIBED ON REVERSE (ORS 527.670).
- ☐ 2B APPLICATION FOR PERMIT TO OPERATE POWER DRIVEN MACHINERY (ORS 477.625).
- ☐ 2C NOTICE TO THE STATE FORESTER AND THE DEPARTMENT OF REVENUE OF THE INTENT TO HARVEST TIMBER (ORS 321.550).

3. REPRESENTATIVE: PLEASE PRINT! Person to be contacted in case of Fire Emergency (Designated Representative). Area Code & Phone No.

4. Timber Sale Name and/or Number:

Please describe the intent of the operation, and any other information that may be relevant to the Stewardship Forester.

APPLICANT REMARKS:

CHECK ONE BOX BELOW TO INDICATE WHO FILLED OUT THE APPLICATION.

5. OPERATOR ☐

ATTENTION: If you are conducting timber harvesting or road construction within 100 feet of overhead or underground utility lines, call the Oregon Utility Notification Center at 1-800-332-2344. Request that the owner of the line be notified, and record the number issued to you by the Oregon Utility Notification Center here:

Name

Business Name

Mailing Address – Street Address

City, State and Zip Code Area Code & Phone No.

6. LANDOWNER ☐

Timber harvesting may result in a tree planting requirement on the landowner. The landowner has the responsibility to reforest if the harvest results in an understocked condition. Call a Department of Forestry office for more information.

For activities or operations within an urban growth boundary, the applicant is advised to contact the appropriate local government regarding land use regulations which may apply to the future use or development of this site.

Name **RC:**

Business Name **EG:**

Mailing Address – Street Address **S:**

City, State and Zip code Area Code & Phone No.

7. TIMBER OWNER AND TAX PAYER ☐

The timber owner must provide either a Tax payer Identification number OR the last 4 digits of the Social Security number (see ORS 321.550(1) and (2)). Social Security number information will be used ONLY for the purpose of identifying the timber owner to the Department of Revenue for the collection of Timber Tax, and will be held in confidence.

Name

Business Name

Mailing Address – Street Address

City, State and Zip Code Area Code & Phone No.

Timber Owner Employer Identification Number OR **Last 4 digits** of the Social Security Number

8. TYPE OF ACTIVITY								9. ACTIVITY PERIOD		10. SITE CODES				11.
SF No (s)	FIRE FPA	Unit No.	Activity Codes	Methods Used	Quantity (by unit) Acres	Feet	Estim. MBF Removed	Est. Activity Starting Date	Est. Activity Ending Date	Conditions W100, W300, WNA, S1, S2, S3 T1. T2, T3	Concerns ARG, CGG, CGS, SH, SW, UGB, WG	SIGNIF. WET. OTHER WET., LAKES>8, OTHER LAKES STREAMS, EOS, BOG, ES, DWS, SEEP	BEN, BEP, BER, BIO, BPS, CC, CWD, GBH, GLD, HLH, MUR, NSO, OSP, RAP, SBS, TorE	Govt. Lot # if outside std section

12. LOCATION OF OPERATION																			
LEGAL DESCRIPTION																			
NE				NW				SW				SE							
NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	SEC	TWP	RGE	Regulated Use Area

13. The applicant may request a waiver of the fifteen-day waiting period by checking this box. **Requesting a waiver does not necessarily mean one will be granted.** ☐

15. ATTACH MAP AND/OR AERIAL PHOTOS!

14a. Print name of applicant here:

X ____________________

14b. I (applicant) certify that all information I have provided is true and correct. (Signature and date.)

X ____________________ **Date:** ___/___/___

WRITTEN PLANS	NAMES OF PROTECTED RESOURCES	WATERSHED CODE	STREAM CLASS CODE

STEWARDSHIP FORESTER COMMENTS:

SUBSCRIBERS:

WATER RIGHTS SUBSCRIBERS:

Fifteen-day waiting period waived by:

X ____________________ **Date:** ___/___/___