



NOTIFICATION OF OPERATION/APPLICATION FOR PERMIT

OREGON DEPARTMENT OF FORESTRY

OREGON DEPARTMENT OF REVENUE



Filing this notification does not grant permission to remove forest products! You must have permission from the landowner and timber owner.

The landowner is responsible for reforestation. Early consultation with the Stewardship Forester is advised.

For activities or operations changing the land to a non-forest use, 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.

On-site inspections may be conducted by Oregon Department of Forestry (ODF) employees to ensure compliance with all the laws and rules governing fire protection and forest practices on private land.

File a new Notification of Operation/Application for Permit form at an ODF office if **any** of the following conditions apply:

- Your operation area is new.
- You are adding a new activity to the operation.
- You are changing or increasing the area involved in an existing operation.
- It is after February 28, and you are continuing an operation that has been idle since the end of the previous calendar year and you have not informed ODF you intend to continue the operation before now.

ODF must also be informed in writing of any other changes in the information on an existing notification, but completion of a new form may not be required.

Provide PHOTOCOPIES of the completed original notification form and map to the local offices of the Water Resources Department and the Oregon Department of Fish and Wildlife ONLY IF you plan to use on-site water to mix pesticides or to control slash burns.

Multiple harvest units may be listed on one notification. BUT, if HARVEST units are separated by a mile or more (in a straight line) or are in different counties, file separate notifications for each unit. An operation can be any combination of forest activities. See OAR 629-605-0140 for a complete list. OAR 629-600-0100 defines "operation," "commercial," and "unit."

The instructions are printed in italics. Please print or type the information on the form. **Do not fill in shaded boxes.**
 File notice with the State Forester **at least 15 days prior** to the date you would like to start operating. **A notification is not considered accepted until it is properly filled out, has a map attached, and is received by the appropriate ODF office.** Mail, fax, or deliver the form to one of the Oregon Department of Forestry offices that accepts notifications.

| | | | |
|--|------------------------------------|---|--------------------------------------|
| COUNTY (Enter only one): _____ | | NOTIFICATION NUMBER (Office Use) | |
| NOTICE & PERMIT TYPE Check box(es) that apply | <input type="checkbox"/> 2A | Notice to the State Forester that an operation will be conducted on lands described here (ORS 527.670). 15 day waiting period required, unless waived. | DATE RECEIVED: _____ |
| | <input type="checkbox"/> 2B | Application for permit to operate power driven machinery (ORS 477.625). Expires at end of operation. | TIME RECEIVED: _____ INITIALS: _____ |
| | <input type="checkbox"/> 2C | Notice to the State Forester and the Dept. of Revenue of the intent to harvest timber (ORS 321.550). | DISTRICT: _____ |
| Enter name & phone number of person to be contacted in case of fire emergency. This person should know what resources they have available for fire and have the authority to commit these resources in case of fire. REPRESENTATIVE: _____ AREA CODE: _____ PHONE NUMBER: _____ | | OFFICE: _____ | |
| Check the appropriate box as to who is completing this form: <input type="checkbox"/> Operator <input type="checkbox"/> Landowner <input type="checkbox"/> Timber Owner | | DATE OF CORRECTION: _____ | |
| TIMBER SALE NAME AND/OR NUMBER (If applicable): _____ | | CORRECTION: _____ | |

TIMBER SALE NAME AND/OR NUMBER (If applicable): _____

Enter the Operator information

| | |
|---|-----------------------------------|
| OPERATOR (Person and/or company conducting the operation) | Name: _____ |
| | Business Name: _____ |
| | Mailing Address: _____ |
| | City, State, & Zip Code: _____ |
| | Area Code: _____ Phone No.: _____ |

| | | | | | |
|-----------------|-------|-------|-------|-------|-------|
| Operator Codes: | UDF1: | UDF2: | UDF3: | UDF4: | UDF5: |
|-----------------|-------|-------|-------|-------|-------|

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: _____.

LANDOWNER

RC/EG/S Codes

Information about the forest landowner in Recipient Class (RC), Ethnic Group (EG), and Land Ownership Size (S) is needed for annual reports. We ask you to voluntarily enter this information.

RC: **(Recipient Class)** Check the box that best identifies the **landowner**:

E.G. **(Ethnic Group)** Check the box that best identifies the **landowner** (Codes 2 –7 apply to recipient class 4 [individual] only):

S: **(Land Ownership Size)** Check the box that best identifies the total forest ownership of the **landowner**:

1. Local Government

2. State Government

3. Federal Agency

4. Individual/Non-industrial private

5. Partnership/Corporation/Industrial

6. Other private (church, nonprofit organization, etc.)

1. Does not apply

2. White

3. Black

4. Hispanic

5. American Indian/Alaskan Native

6. Asian/Pacific Islander

7. All other

1. Does not apply

2. 0 – 9 acres

3. 10 – 99 acres

4. 100 – 499 acres

5. 500 – 999 acres

6. 1,000 – 4,999 acres

7. 5,000 + acres

(Landowner is responsible for reforestation)

Name:

Business Name:

Mailing Address:

City, State, & Zip Code:

Area Code:

Phone No.:

ATTENTION: 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 under stocked condition.

Landowner Codes: UDF1: UDF2: UDF3: UDF4: UDF5:

Enter the Timber Owner and Taxpayer Information

TIMBER OWNER AND TAXPAYER

(Responsible for paying the harvest and, if applicable, severance taxes)

Name:

Business Name:

Mailing Address:

City, State, & Zip Code:

Area Code:

Phone No.:

ATTENTION: The timber owner must provide a Timber Owner Employer Identification Number OR the last 4 digits of the timber owner's 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 Dept. of Revenue for the collection of timber tax, and will be held in confidence.**

Enter the **Timber Owner Employer Identification No.** OR the last 4 digits of the timber owner's **Social Security No.** in the box:

Empty box for Timber Owner Employer Identification No. or Social Security No.

Timber Owner Codes: UDF1: UDF2: UDF3: UDF4: UDF5:

Enter Unit No. If more than one unit, use Unit Addendum Sheets. Check appropriate box(es) & fill in acres/feet/etc.

Check appropriate box(es) & fill in acres, etc.

ACTIVITY CODE

METHODS USED

- 1A** COMMERCIAL THINNING, SELECTIVE CUTTING (leaving most of the merchantable timber on the unit after harvesting) _____ Acres
- Cable
- Ground
- Other (explain) _____

ESTIMATED MBF REMOVED: _____

- 1B** CLEAR-CUT, OVERSTORY REMOVAL (most or all of the merchantable timber will be removed during harvesting) _____ Acres
- Cable
- Ground
- Other (explain) _____

ESTIMATED MBF REMOVED: _____

- 1C** FELLING only _____ Acres

- 1D** OTHER HARVEST TYPES not covered in **1A** or **1B** (wind storm salvage, hauling r/w logs, selling chips, etc.) _____ Acres
- Explain on lines below _____

ESTIMATED MBF REMOVED: _____

- 1E** SORT YARD
- 2A** ROAD CONSTRUCTION (NEW) _____ Feet _____ Est MBF
- Dozer
- Backhoe
- Other (explain) _____

- 2B** ROAD RECONSTRUCTION (EXISTING) _____ Feet _____ Est MBF
- Dozer
- Backhoe
- Other (explain) _____

- 3** SITE PREPARATION (REFORESTATION) (Do not use for building construction site) _____ Acres
- Manual
- Mechanical
- Burning

CAUTION: Fill out **Methods Used** for each type of chemical application.

- 4A** HERBICIDE application _____ Acres
- Aerial
- Ground

- 4B** INSECTICIDE application _____ Acres
- Pressurized & Broadcast
- Other methods

- 4C** RODENTICIDE application _____ Acres
- Enter common name, brand name (if known), carrier, and additives. For fertilizer only, add the application rate. For

- 4D** FERTILIZER application _____ Acres
- triclopyr and 2,4-D only, specify whether amine or ester formulation: _____

- 4E** FUNGICIDE application _____ Acres

- 4F** REPELLENT application _____ Acres

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ACTIVITY CODE

METHODS USED

- 5** CHANGING LAND USE to a non-forest use (house site, agricultural, etc.) _____ Acres
 - 6** TREATMENT OF SLASH _____ Acres
 - 7** PRE-COMMERCIAL THINNING _____ Acres
 - 8** OTHER **Explain on line below** _____
- WARNING: Local government land use approval may be required. A land use change may not exempt the landowner from all reforestation requirements.
- Manual
 - Burning
 - Mechanical

Enter starting and ending dates.

ESTIMATED STARTING DATE: _____

(Must be 15 days after the appropriate office receives notification)

ESTIMATED ENDING DATE: _____

(Continuation into next calendar year requires written notice to the local ODF office)

SITE CODES

Check the appropriate Waters, Topography, and Soil site codes. One of each code must be checked on each unit.

- WATERS**
- W100** Within 100' of any lake or stream, (a channel that carries flowing surface water during some time of the year)
 - W300** Within 300' of any estuary or any wetland greater than 8 acres
 - WNA** Waters not present in operation area

- TOPOGRAPHY (over the steepest third of operation)**
- T1** Slope of **0% to 35%**
 - T2** Slope of **36% to 65%**
 - T3** Slope greater than **65%**

- SOIL**
- S1** **No evidence** of mass soil movement (slips, landslides, etc.)
 - S2** Evidence of old slides, small failures
 - S3** **Recent or active** movement; **wet areas**

APPLICANT REMARKS: Please describe the intent of the operation, what equipment will be used and any other information that may be relevant to the Stewardship Forester.

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CONCERNS

Check any **Concerns** that you are aware of in the boxes below.

- ARC** Archaeological site
- CGG** Columbia Gorge General management area
- CGS** Columbia Gorge Scenic management area
- SH** Scenic Highway (operation near a FPA scenic highway)
- SW** Operation near a state Scenic Waterway
- UGB** Operation takes place within an Urban Growth Boundary
- WG** Operation takes place in the Willamette Greenway

RESOURCES

Check any of the **Resources** that you are aware of in the boxes below.

- BEN** Bald Eagle Nesting site
- BEP** Bald Eagle Perch and foraging site
- BER** Bald Eagle Roosting site
- BIO** Biological site of a rare life form or community
- BPS** Band-tailed Pigeon mineral, watering, or springs site
- CC** Operation will result in a single clear-cut or continuation of contiguous clear-cuts that exceed 120 acres
- CWD** Columbia Whitetail Deer
- GBH** Great Blue Heron nest site
- GLD** Golden eagle nest site
- HLH** High Landslide Hazard Location
- MUR** Marbled Murrelet nest site
- NSO** Northern Spotted Owl site
- OSP** Osprey nest site
- RAP** Other Raptor nest site
- SBS** Sensitive Bird nesting, roosting, or watering site
- T&E** Threatened or Endangered species site

STREAM NAME and/or SIZE, TYPE, & WATERSHED CODE

WATERS

Check any of the **Water** codes that you are aware of in the boxes below.

- DWS** Domestic Water Supply
- LL** Lake greater than 8 acres
- OTHER LAKES** Less than 8 acres
- OTHER WETLANDS** Less than 8 acres
- WETLANDS** Bog, estuary, significant wetland (>8 acres), important springs in E. Oregon

(Continue to Next Column)

(Continue to Legal Description)

Rule: **Non stat. WP:** **Stat. WP:** **AP:** **Rule:** **Non stat. WP:** **Stat. WP:** **AP:**

LEGAL DESCRIPTION

Check each 1/16 of every section that applies. Enter information for government lots (if applicable), section, township, and range. If more space is needed use a **Legal Description Addendum Sheet**.

| Govt. Lot # if outside std section | NE | | | | NW | | | | SW | | | | SE | | | | S E C | T W P | R G E | REGULATED USE AREA |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------------|-------------|-------------|-----------------------|
| | NE | NW | SW | SE | NE | NW | SW | SE | NE | NW | SW | SE | NE | NW | SW | SE | | | | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
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| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | |

| | | | |
|-------------|-------------|-------------------|---------------------------------|
| Subscriber: | Subscriber: | W. R. Subscriber: | AAccmp <input type="checkbox"/> |
| Subscriber: | Subscriber: | W. R. Subscriber: | |

There is a 15-day waiting period in effect.

Do not begin operating unless the waiting period has passed or is waived in writing by the Stewardship Forester.

Check this box to request a waiver of the 15-day waiting period. Checking the box does not necessarily mean a waiver will be granted.

Waiting period waived by: _____
 Date: _____

Print name of applicant in box below.

X

I (applicant) certify that all information I have provided is true & correct.
Signature: _____ **Date:** _____

ATTACH MAP AND/OR AERIAL PHOTOS (The notification form is NOT complete unless a map or aerial photo of the operation area is attached. Either one of these must show the operation area, access route, north arrow, scale, etc.)