WOODSTOCK INLAND WETLANDS & WATERCOURSES AGENCY
Request for Approval of Timber Harvest as Use Permitted as of Right

Certain activities associated with timber harvesting are a use permitted as of right pursuant to Section 22a-40(a) of the Connecticut General Statutes and Section 4.1 of the Inland Wetlands and Watercourse Regulations for the Town of Woodstock. (For guidance see Connecticut Department of Environmental Protection's document entitled "Agriculture, Forestry and Wetlands Protection in Connecticut") This form constitutes the notification required by Section 4.4 of the Inland Wetlands and Watercourse Regulations of the Town of Woodstock for such timber harvesting. Note: If the timber harvest covers multiple properties with different owners, then a separate request for approval must be filed for each of the different property owner(s).

Property Information

(Locate property boundaries on attached USGS topographic map and copy of assessor's map – see information on maps on reverse side of this form.)

Landowner of Record:_____
Mailing Address: _____
Town: _____ Zip:_____
Phone: ( ) _____
E-mail: _____
Total acreage of Property(s): _____

Assessor's Ref.

Map	Block	Lot	Address

Property boundaries are marked and can be viewed in the field Yes ☐ No ☐
Have owners of all lands within 100 feet of the harvest area been notified via first-class mail prior to filing this form? Yes ☐ No ☐

Harvest Information

This timber harvest has been prepared by a State of Connecticut certified:
(Check one): ☐ **Forester** **OR** ☐ **Supervising Forest Products Harvester**
Forest Practitioner Certificate #:_____
Name:_____
Address: _____
E-mail: _____
Phone # (Business) _____ (Cell) _____

Harvester (if not landowner): _____
Mailing Address: _____
Town: _____Zip: _____
Phone: ( ) _____
E-mail: _____

Estimated starting date of timber harvesting operations: _____/_____/_____

Estimated completion date of harvesting operations: _____/_____/_____

Total acreage of harvest area: _____
Timber harvest boundaries are marked/flagged and can be viewed in the field Yes ☐ No ☐
Designation of trees to be harvested
Trees to be harvested have been marked with paint at eye level and at ground level Yes ☐ No ☐
If marked, then paint marking color(s) are _____
Amount of forest products to be harvested:
_____ Board feet _____ Cords _____ Cubic feet _____ Tons

Timber Harvest Objective:
Timber Harvest Treatment:

Actions Being Performed on This Land

(Check all that apply and locate on attached Harvest Area map – see information below on maps.)

Crossings / Clearing	Erosion and Sedimentation Control Measures*
☐ Temporary stream/drainage crossing ☐ Temporary wetlands crossing ☐ Removal of trees in wetlands ☐ Removal of trees in upland review area	☐ Installation of water bars ☐ Grading ☐ Seeding ☐ Other (describe below)
Log landing area: ☐ Anti-tracking pad ☐ Curb cut	Roads Are new roads, other than skid trails, to be constructed for transport of logs or other activities associated with this harvest? ☐ Yes ☐ No

*All erosion and sediment controls must comply with the 2002 Connecticut Guidelines for Soil Erosion and Sediment Control as amended. See http://www.ct.gov/dep/cwp/view.asp?A=2720&Q=325660 for info on viewing copy

Describe in further detail as necessary: _____

_____

_____

The following maps are attached to this Request For Approval Of Timber Harvest (Check all that apply)

- ☐ Copy of USGS topographic map with the property outlined
- ☐ Copy of Assessor's map with the property outlines
- ☐ Timber Harvest Area map showing outline of harvest area, skid road locations, log landing area, truck access roads, inland wetlands, watercourses and any crossings drawn to scale

The undersigned hereby swears that the information contained in this application is true, accurate and complete to the best of my (our) knowledge and belief and that the timber harvest will be conducted in accordance with the specifications outlined in this Request for Approval of Timber Harvest

Signature of Landowner:_____ Date: _____

Print / Type Name: _____

Signature of Certified Forest Practitioner: _____ Date: _____

Print Name: _____

Complete and Submit to: Office of the Woodstock IWWA, Woodstock Town Hall, 415 Route 169, Woodstock,, CT 06281, Tel: 860-928-1388 x 328
A courtesy copy of this completed form should be sent to the Department of Environmental Protection, Division of Forestry, 79 Elm Street, Hartford, CT 06106-5127, Tel: (860)424-3630

***** For Commission Use Only *****
Chairman's Response:
Chairman's Signature: _____ Date: _____