

TOWNSHIP OF INDEPENDENCE
BEAVER COUNTY
APPLICATION FOR
LOGGING PERMIT # _____



PROPERTY OWNER (S) **EST. START DATE:** _____ **EST. FINISH DATE:** _____

NAME _____

ADDRESS: _____

SITE ADDRESS: (IF DIFFERENT) _____

PHONE (____) _____ TAX PARCEL # 66- _____ ZONE _____

PROPERTY OWNER(S) SIGNATURE AUTHORIZING A TIMBER HARVEST ON THE PARCEL(S) LISTED

OWNER SIGNATURE

Date

LOGGING COMPANY

NAME _____

ADDRESS: _____

PHONE (____) _____ CELL (____) _____ FAX (____) _____

PROFESSIONAL FORESTER

NAME _____

ADDRESS: _____

PHONE (____) _____ CELL (____) _____ FAX (____) _____

APPLICANT (if other than Owner/Logger/Forester)

NAME _____

ADDRESS: _____

PHONE (____) _____ CELL (____) _____ FAX (____) _____

By my signature I hereby certify that the statements made and attachments submitted as part of this application are true and correct and I shall be responsible for complying with applicable codes and ordinances and for the review fees incurred.

SIGN NAME _____ TITLE: _____

PRINT NAME _____ DATE _____

PERMIT FEE \$ _____ ESCROW \$ _____ DATE PD _____ REC'D BY _____

Approved _____ Denied _____ Zoning Officer Signature _____ Date _____