



"Stewardship in Forestry"

NOTIFICATION OF OPERATIONS/APPLICATION FOR PERMIT

STATE OF OREGON

DEPARTMENT OF FORESTRY



DEPARTMENT OF REVENUE

Notification Number:

OP	TO	LO
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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: _____

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

You are required to provide a Social Security number OR Tax payer Identification number by the Oregon Department of Revenue's statute ORS 321.015. The Social Security number will be used ONLY for the purpose of identifying you to the Department of Revenue for the collection of Timber Tax.

Name _____

Business Name _____

Mailing Address – Street Address _____

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

Timber Owner Employer Identification Number _____ OR _____ Social Security Number _____

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

APPLICANT REMARKS:

