



Planning and Economic
Development Department

Good Forestry Practice Permit Application

Contact us:

Tel. # 905-668-7711
Toll Free: 800-372-1102
Fax: 905-666-6208
E-mail forestry@durham.ca

Region of Durham Woodland Conservation and Management By-law 30-2020

This application form must be completed by the landowner, or by an authorized designate (e.g. Professional Forester, Logging Contractor), prior to the cutting, injury or destruction of trees within a Woodland (a treed area 1 hectare in size and greater).

If this application is signed by a person on behalf of the owner of the trees affected; the owner's written authorization must accompany this application.

No trees are to be cut or removed within a Woodland until the appropriate permit has been issued by the Region, or until permission has otherwise been obtained from the Region. Contact the Regional Planning Division to see if any exemptions may apply to your individual circumstances

Completed application checklist:

- Completed application form;
- \$50 Non-refundable certified cheque payable to the Regional Municipality of Durham. Permit fees are waived for bona fide farmers wishing to remove trees on their own lands;
- A map or plan drawing showing the location of the subject site, the location of the Woodlands on the property, the area of tree removal, and any other prominent physical features on the subject lands (e.g. streams, ponds, significant slopes);
- A Forest Management Prescription, prepared and signed by a qualified member with the Ontario Professional Foresters Association for applications proposing to injure or remove more than 50 trees, or if the site contains a Sensitive Natural Area (e.g. stream valley, bog, wetland).

Submit complete application to:

Regional Municipality of Durham
Planning and Economic Development Department, Planning Division
605 Rossland Road East, 4th floor P O Box 623
Whitby, ON L1N 6A3
Tel: 905-668-7711 Fax: 905-666-6208

Location of Woodland

Legal Description:

Lot(s): _____ Concession(s): _____ (former Twp): _____

Township / Municipality: _____

Civic Address: _____

Size of Woodland (ha): _____

The area of tree removal is to occur (ha): _____

Approximate number of trees to be cut: _____

Expected Start Date _____ Expected Completion Date _____

Contact Information

	Registered property owner	Certified tree marker	Forestry professional	Harvesting Contractor
Name				
Address				
Town				
Postal Code				
Phone				
Email				

Please Note: the original signed permit will be mailed to the registered property owner. Copies of the permit will be mailed to the logging contractor and forestry professional.

Basal Area (if known): _____
Basal area is defined as the cross-sectional area of trees at breast height measured as square meters per hectare

Residual Basal Area: _____

Farm Business Registration Number: _____

Is the property enrolled in a Conservation Land Tax Program? Yes No

Is the property enrolled in a Managed Forest Tax Incentive Program? Yes No

If a Good Forestry Practices Permit is issued, I agree that tree cutting operations will be conducted in accordance with the provisions of the of Durham Woodland Conservation and Management By-law, and if applicable, the approved Forest Management Prescription. I acknowledge that I am familiar with the contents and requirements of the of Durham Woodland Conservation and Management By-law

Signature of Owner

Date

Signature of Certified Tree Marker

Date

Signature of Forest Management Prescription Author

Date

Signature of Logging Contractor

Date

Please Note: This information is collected pursuant to the Municipal Act and/or the Municipal Freedom of Information and Protection of Privacy Act and will be used for the sole purpose of administering this Durham Woodland Conservation and Management By-law