



Upper Salford Township

P.O. Box 100
Salfordville, PA 18958-0100
610-287-6160

Date Stamp

APPLICATION FOR FORESTING PERMIT

Applicant: _____

Address: _____

Telephone: Home: _____ Business: _____

Owner: (if other than applicant): _____

Address: _____

Telephone: Home: _____

Purpose of Application: _____

Forester Name, Address & Telephone Number: _____

Location of property: _____

Acreage of property: _____

Applicant's Signature: _____ Date: _____

Property Owner Signature: _____ Date: _____

The landowner, the applicant and the timber operator shall be jointly and separately responsible for complying with the terms of the Forestry plan and permit

Attach to this form a plot plan showing the following:

- Actual dimensions and shape of lot;
Exact size and location on the lot of buildings, structures, proposed extensions thereto, and/or thereon;
Waterways, if any, must be shown. (Ponds, stream, etc.)
- Worker's Compensation Insurance Coverage
- Topo Map showing roadways, streams, wetlands, extent of vegetation
- Soil Maps showing soil types
- Completed copy of Montgomery County Conservation District application with approval letter.

Total received by: _____ Date: _____

Approved: _____ Date: _____

Zoning Officer

Zoning Permit # _____ Zoning District: _____