LOWER MILFORD TOWNSHIP

Lehigh County, Pennsylvania

TIMBER HARVEST APPLICATION

1.	Property Address	PIN	
	Address:		
	*Forester's Name:Address:		
	Address.	· ,	
	Property Owners Name:		
	Address:		
2.	TRACT INFORMATION		
	Zoning District		
	Lot Size		
	Current Use		
	% Site Covered by Forest		
	Area of Proposed Harvesting	Earth Disturbance	-
3.	Anticipated Start Date	Anticipated Completion	_
INFOR 1. 2. 3. 4. 5. 6. 7.	MATION TO BE SUBMITTED: 3 COPIES OF Site Plans prepared in accomplication Fee Professional Service Agreement Review Escrow Site Restoration Agreement and Escrow in Township Driveway Permit Application of A minimum of 45 days prior to commence PENNDOT, LCCD, etc.) must be submit Submission of this application grants auti	(if applicable) cing of Harvesting Operations, approvals from any other Regula tted to Lower Milford Township. thorized representatives of Lower Milford Township access to the	
reasona	ble time to inspect the proposed structure of	contained within this application.	
The inf		by the applicant(s)/owner(s) is true and correct to the best of	their knowledge
Owner'	s Signature(s):	Date:	_
Applicants Signature:		Date:	-
		FOR TOWNSHIP USE ONLY	
Permit 1	NoDate Of Issuance	Fee \$	
	tion NoDate Of Expiration		
•	-	(6 mo. from date of issuance) Receipt #	

Building Inspectors Signature: ______ Date: _____