



APPLICATION FOR TIMBER HARVEST

THIS SPACE FOR OFFICE USE ONLY

USE TYPE: (check one) CU PU CU w/SPR PU w/SPR

PROPOSED USE: _____

MAP/ PARCEL NUMBER: _____ DISTRICT: _____ PERMIT NUMBER: _____

REFERENCE OTHER PERMITS: _____

SETBACKS: Front: _____ Side: _____ Side: _____ Rear: _____ VARIANCES: _____

AGENDA DATE (If applicable): _____

RECEIPT NUMBER: _____ AMOUNT: \$ _____ DATE: _____

APPROVED BY: _____ DATE: _____

CONDITIONS OF APPROVAL: _____

PLEASE PRINT LEGIBLY

DATE: _____

1. Applicant's Name: _____
2. E-mail address for primary contact (**required**) _____
PLEASE NOTE: When possible, any correspondence for an agenda item will be by email.
3. Applicant's Mailing Address: P. O. Box _____
Street Address _____
City _____ State _____ Zip _____
4. Applicant's Daytime Phone: _____ - _____ - _____
5. Property Owner's or Property Manager's Name: _____
2. Address of Proposed harvest: Street Address _____
City _____ State _____ Zip _____
6. Applicant's Daytime Phone: _____ - _____ - _____
7. Application is for the following type of timber harvest:
A. Clear Cut B. Seed tree C. Shelterwood D. Selective Cut
8. Project starting date _____ Project completion date _____
9. What is the size of the property in acres? _____
10. What is the purpose of this timber harvest? _____

11. Is there a creek, stream, or major drainage way on property? Yes No
12. Is this property or a portion of this property located in an established 100-year flood plain? Yes No
13. Describe the existing timber stand _____

14. How many trees will remain after harvest? Describe each type of tree remaining, size at d.b.a., and approximate number of trees remaining per acre. _____

15. Provide a drawing that shows the following information:
- a) The shape of the entire lot(s), including the location of streets adjacent to the property.
 - b) Creeks, streams, wetlands, or floodplain.
 - c) Any Easements.
 - d) Proposed treed buffers to be left on site including width of buffer.
 - e) Show cutting area delineating timber cut.
 - f) Label tree type and location of remaining trees.

PLEASE READ, SIGN AND DATE

This application does not violate any restrictive covenants applicable to the property and all statements are true to the best of my knowledge and belief. I realize that distances should be exact and if errors result in a violation of zoning regulations, then the structure will have to be removed.

As applicant, I hereby grant permission for Planning and Zoning personnel to enter upon and inspect the property for all purposes allowed and required by the Comprehensive Land Development Resolution for Macon-Bibb County, Georgia.

I hereby attest that I am the owner of the referenced property or have permission from the owner to make this application.

SIGNATURE _____ DATE _____

**Please make checks payable to Macon-Bibb County Planning and Zoning Commission
 If you have any questions and or concerns please contact us at info@mbpz.org**