LUMBER OR TIMBER HARVESTING

IN THE TOWN OF CORINTH

Tax Map # _____/_____/_____

Owner of Property_____

Address of Property Owner_____
Name of Contractor_____
Address of Contractor_____
Phone Number of Contractor _____
Number of Acres being Harvested_____

If the acreage is less than 10 you must submit a harvesting plan with the Zoning Administrator. _____

If the acreage is more than 10 acres you must submit a thinning plan to the Zoning Administrator._____

How long is the job slated for? _____

_____
Contractor Signature ***Date:***

_____
Owner Signature ***Date:***

_____
Code Enforcement Officer ***Date:***

STATE OF NEW YORK SS_____
COUNTY OF SARATOGA
ON THIS _____ ***DAY OF*** _____***,20***_____***BEFORE ME PERSONALLY CAME***

_____
TO ME PERSONALLY KNOWN TO BE THE PERSON DESCRIBED IN AND WHO EXECUTED THE FOREGOING DOCUMENT.

_____
NOTARY PUBLIC