



City of Covington

TIMBER HARVESTING APPLICATION

Date Received: _____

Received By: _____

I. PROPERTY OWNER:

Name: _____

Address: _____

Cell Phone: _____ Home Phone: _____

Email Address: _____

II. PROPERTY INFORMATION:

Property Address: _____ Parcel Number: _____

Existing Zoning District: _____ Number of Acres: _____ Acres to be Harvested: _____

Existing Property Use: ___ Residential; ___ Commercial; ___ Industrial; ___ Institutional; ___ Vacant

Harvesting Begin Date: _____ Harvesting End Date: _____

III. TIMBER HARVESTING COMPANY:

Name of Timber Harvesting Company: _____

Company Address: _____ Company Phone: _____

Primary Contact Person: _____ Cell Phone: _____

IV. REQUIRED ITEMS:

- One (1) original signed application;
- One (1) copy of a site plan or boundary survey illustrating the following:
 1. Area(s) of the property to be harvested;
 2. Buffer areas and description;
 3. Entrances into property from public or private street(s);
 4. The location of any and all streams, rivers, ponds, lakes, etc.; and
 5. Erosion control best management practices to ensure sediment does not leave the site
- One (1) 8.5" x 11" reduction of a site plan or boundary survey with the items listed above;
- One (1) copy of the timber harvesting company occupational tax and proof of liability insurance;
- One (1) copy of proof of current years taxes paid on the property where harvesting will occur;



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One (1) copy of a right-of-way encroachment permit.

V. TREE CANOPY COVERAGE:

When timber harvesting occurs, with or without a timber harvesting permit, and the tree canopy cover remaining is less than that required in the table below, or is wholly or partly of unacceptable quality according to the planning director, then no additional development related permits for such site shall be issued for a minimum of three years including, but not limited to, sediment and erosion control permits, land disturbance permits, site and tree conservation permits, and right-of-way encroachment permits.

<u>Zoning District</u>	<u>Tree Canopy Coverage</u>
NR1	50%
NR2	50%
NR3	60%
CR	50%
TCR	40%
NM	45%
CM	45%
TCM	30%
M-1	30%
M-2	30%

VI. CERTIFICATION:

I, _____, the owner of the property, have read and understand the contents of this application. I certify that the information contained herein, including attachments and all other supporting information, is complete and true, to the best of my knowledge and belief.

Signature: _____ Date: _____

Sworn to and subscribed to me this _____ Day of _____ 20____

Notary Public: _____



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****FOR OFFICE USE ONLY****

PERMIT ISSUED: Yes No

Conditions: _____

Signature,
Planning and Zoning Director

Date: