



Province of
British Columbia



Ministry
of
Forests

Application for Forestry License to Cut
SMALL SCALE SALVAGE PROGRAM
100 Mile House Forest District

Updated: January 18, 2010.

19545-25/FLTC A

Deliver or Mail to: District Manager	For office use only (Date received by District Manager)
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APPLICANT INFORMATION

I (we) hereby apply for a Forestry License to Cut for the purpose of timber salvage on an area and in the manner set out in this application.

Legal name of applicant(s):	Address of applicant(s):
Client No. _____	
Prepared by:	Contact information:

Location (Map attached)	(Provide a location in reference to the nearest known geographic feature) (Submit map consistent with the prescribed standards) (Road name and nearest kilometre marker or distance from a known point)
Cause of timber mortality	(Identify the cause and approximate date of mortality. E.g. <i>Windthrow fall 2003</i>)
RESULTING STAND:	BLOWDOWN: _____ 70% DECIDUOUS LEADING _____ PRIVATE PROP. FIRE HAZARD _____ DRY BELT _____ FSR HAZARD _____ HIGH VALUE RANGE FENCE _____ HOUSE LOG _____ OTHER (SPECIFY) _____ <1ha _____ >1ha FREE GROWING _____ SILV. LEVY AREA _____ N/A _____

Timber proposed for removal	Species and volume (m3)			Total
	Pli	Fdi	Sx At	
Dead or down				
In Danger				
Live (interspersed)				
Live (access)				
Total volume planned for harvest				

Area (ha.)	Comments

Note: For the purposes of this application "In Danger" means timber that is windthrown or beetle infested and expected to be dead within one year.



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Term requested for license(max. 1 year)	Comments (cite reasons for term requested if more than one season or outside normal practise for the area)
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Transportation and scaling information: (Identify what roads will be used to transport timber, road permit number if applicable, planned point and method of scaling)
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REVIEW AND APPROVAL INFORMATION

The following information is required for the Ministry to assess this application before it is approved. It is the responsibility of the applicant and the signing professional to ensure this information is complete and accurate. Some or all of the information provided may become part of a license issued as a result of this application.

LAND STATUS, FOREST PLANNING, MAPPING AND REFERRALS	Yes <input type="checkbox"/>
The applicant has conducted appropriate investigations to ensure that the area included in the application is vacant Crown land. The area proposed does not overlap or conflict with private land, Indian reserve, a park or protected area, and is not otherwise encumbered in a manner that would prevent issuance of a Forestry Licence to Cut. <i>When immediately adjacent to private property, survey posts or pins have been physically located on the ground.</i>	Yes <input type="checkbox"/>
This application is consistent with the District Small Scale Salvage Guidelines.	Yes <input type="checkbox"/>
Map(s) are attached and comply with the standards required.	Yes <input type="checkbox"/>
A map using IGDS or SHAPE format has been produced and a digital file has been submitted to the MOF, or is included with this application.	Yes <input type="checkbox"/>
The proposal has been referred to the appropriate major licensee or BCTS and documentation of the response has been included with this application	Yes <input type="checkbox"/>
The relevant major licensee or BCTS have been provided with an accurate location and assessment of potential impact on silviculture obligations from use of trails and landings in plantations.	Yes <input type="checkbox"/> NA <input type="checkbox"/>
A field assessment has been conducted and all resource features that could reasonably be affected by this application have been assessed and considered in the preparation of the application.	Yes <input type="checkbox"/>
<i>The area has been checked for the following values and features and appropriate management consideration has been prescribed:</i>	
Other leases, licenses or permits	Yes <input type="checkbox"/>
Mining, petroleum or other sub-surface or surface tenures	Yes <input type="checkbox"/>
Wildlife tree patches	Yes <input type="checkbox"/>
Community watershed or domestic water sources	Yes <input type="checkbox"/>
Range tenures/fences --(referral required if harvesting within a grazing lease)	Yes <input type="checkbox"/>
Old growth management areas/wildlife habitat areas/wildlife features	Yes <input type="checkbox"/>
Classified Lakes/Recreation features	Yes <input type="checkbox"/>
Forest Ecosystem Networks	Yes <input type="checkbox"/>
Growth and Yield/Research Areas	Yes <input type="checkbox"/>
Cultural Heritage and Archaeological Resources	Yes <input type="checkbox"/>
Roads and trails	Yes <input type="checkbox"/>
Visual Quality	Yes <input type="checkbox"/>
Terrain stability	Yes <input type="checkbox"/>
Other(specify) _____	Yes <input type="checkbox"/>
Other(specify) _____	Yes <input type="checkbox"/>

POST-HARVEST STAND ATTRIBUTES

Upon completion of harvesting the identified area will retain a free-growing stand with a minimum stocking that is at least 20% greater than the applicable specified minimum standard as per the 'Reference guide for Forest Development Plan Stocking Standards.	Yes <input type="checkbox"/> NA <input type="checkbox"/>
All harvest areas will be < 1 ha. (including consideration of adjacent areas)	Yes <input type="checkbox"/> No <input type="checkbox"/>
A silviculture levy must be applied to the license	Yes <input type="checkbox"/> No <input type="checkbox"/>
The operations proposed under this application will not materially reduce terrain stability on the area or on adjacent areas.	Yes <input type="checkbox"/> NA <input type="checkbox"/>
<i>Adequate Wildlife tree retention will remain post harvest as per section 66 of FPPR.</i>	Yes <input type="checkbox"/> NA <input type="checkbox"/>
	Yes <input type="checkbox"/> NA <input type="checkbox"/>

BOUNDARY, ROAD, LANDING, AND TRAIL

The condition of existing access roads, landings and trails has been assessed and documented.	Yes <input type="checkbox"/>
Existing roads and landings are in a condition suitable for use without modification.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Access Trails are marked in the field and identified accurately on the map.	Yes <input type="checkbox"/> NA <input type="checkbox"/>
Block boundaries are clearly marked on site and accurately mapped, in accordance with guidelines	Yes <input type="checkbox"/>



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RIPARIAN MANAGEMENT

All streams are correctly classified and mapped.

Yes NA

Appropriate timing for removal of any skid trail crossings of streams and non-classified drainages is identified.

Yes NA

Harvest in RMA's is consistent with Guidelines

Yes NA

RPZ's and applicable RMZ's have been marked in the field to prevent harvest

Yes NA

OTHER CONSTRAINTS

The harvest is to occur only during winter conditions

Yes No

The application area has been field assessed by an archaeologist and no further archaeological work is prescribed.

Yes NA

An Archaeological assessment has been conducted and attached.

Yes NA

A CMT assessment has been carried out

Yes NA

OTHER:

Yes NA

RISK RATING

Estimate the risk of the proposed operations on this area (high, moderate or low) by considering the values at risk and the potential impact of the activity planned activity or the consequences if a contravention occurs.

	High	Medium	Low
Risk to the road, or road users	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Riparian features	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stocking concerns (quantity or quality of regeneration)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soil Sensitivity / Site Sensitivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Terrain stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Private Land/ Indian Reserve / Other Tenures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Archaeology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Risk Rating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NOTICE OF SPECIAL CONCERNS FOR DISTRICT MANAGER OR FOREST OFFICER TO CONSIDER

include any requests for exemptions or variances

PROFESSIONAL SIGNATURE and SEAL

NAME



DATE SIGNED

Signature

I certify that I have reviewed this document and personally supervised the work described and that this work has been carried out to a professional standard.

ACKNOWLEDGEMENT BY APPLICANT

I certify that I have reviewed all assessments and fieldwork. If issued a license I agree to conduct all harvesting operations in accordance with license and the recommendations of the above named professional, who is authorized to act on my behalf for the purposes of this application.

Signature:

APPLICANT NAME

DATE SIGNED