

SKEENA STIKINE FOREST DISTRICT



**Province of
British Columbia**

Ministry of
Forests



APPLICATION TO PURCHASE CROWN TIMBER SMALL SCALE SALVAGE PROGRAM

DATE: _____, 20____

I (or We): _____

(Print full names in BLOCK LETTERS)

In the event this request is considered and application(s) invited, it is requested that full information on the application be forwarded to me (us) at the address given below:

ADDRESS: _____

POSTAL CODE: _____ PHONE: _____

SIGNATURE OF APPLICANT: _____

do hereby request to purchase Crown salvage timber on the following described area (*describe geographical location of the salvage proposal – eg. nearest road and km marker, latitude & longitude, mapsheet number*):

containing approximately _____ hectares.

I have examined this timber and estimate the approximate volume on the above-described area to be _____ (cubic metres).

Type of salvage timber (*indicate by mark X*):

Windthrow Logging Residue Landslide Insect/Disease Other (*eg. special forest product*)

Nature of access (*indicate by mark X*): Road Air

If this timber is offered for award _____ month(s) will be required for its removal.

I would like to secure this timber not later than _____

Award method requested (*indicate by mark X*): Direct Cash

Detailed estimate of type and volume (in cubic metres) to be removed¹:

Timber Type	Species (cubic metres)					
	Hemlock	Pine	Spruce	Cedar	Balsam	Other
Green Attack						
Red Attack						
Standing Dead						
Green blowdown						
Red or gray blowdown						
Logging residue						
Access/Danger trees						
Other (eg. Special Forest Products)						
TOTAL						

1. A separate estimate must be completed for each individual site. Attach additional tables as required.

Description of resources values and site:

Map(s) attached: Yes No Additional information attached (*eg. agency referral responses/permits*): Yes No

Boundary or Tree Marking: Yes No GPS

Waypoints: _____

Terrain Conditions: Flat Rolling Broken Steep Estimate of average slope _____ %.

If there are any areas of steep slopes (over 30%) within this area, locate them on the map attached and describe how these areas will be addressed during operations: _____

Are there any estuaries, streams, lakes, or wet areas in the identified area (*describe below and on attached map*): Yes No

If so, how will they be addressed during operations: _____

Suitable season(s) of harvest: Spring Summer Fall Winter

Wildlife Trees: Yes No Nesting sites: Yes No Animal dens: Yes No Gullies: Yes No

Archaeological values (*eg. Culturally modified trees*): Yes No Other: Yes No

Detailed description: _____

Will harvesting result in any damage to regeneration/plantation: Yes No

Proposed logging method (*eg. horse logging, ground skidding, helicopter, hand-log*):

Equipment to be used, include power rating & maximum width: _____

Other relevant information which will assist in the more efficient processing of your application: _____

The following checklist must be completed at the time of application.

Applicant 4-	Applicant Requirement	Ministry 4-
	Full name of applicant	
	Verify that applicant has inspected the site(s)	
	1:20,000 forest cover map(s) is attached with specific area to be harvested <u>accurately</u> mapped	
	Flagging ribbon line run in from the nearest access point to the proposed salvage locations	
	Map(s) depicting harvest plan (eg. location proposed skid trails and landings)	
	Map(s) depicting location of all creeks and wetlands, steep slopes, location of wildlife trees, and any other features of significance	
	Volume estimated for each site	
	Address and phone number of applicant	
	Signature of applicant	
	Copy of date stamped application returned to applicant	

MAP SHEET
STATE SCALE USED