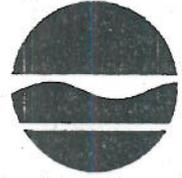


New York State Department of Environmental Conservation

Division of Environmental Permits, Region 4

65561 State Highway 10, Suite 1, Stamford, New York 12167-9503

Phone: (607) 652-7741 FAX: (607) 652-3672



REGION 4 HEADQUARTERS
130 NORTH WESTCOTT ROAD
SCHENECTADY NY 12306
PHONE: 518-357-2069
FAX: 518-357-2460
(Albany, Columbia, Rensselaer,
Montgomery and Schenectady Counties)

REGION 4 STAMFORD FIELD OFFICE
65561 STATE HIGHWAY 10
STAMFORD, NY 12167
PHONE 607-652-7741
FAX: 607-652-3672
(Delaware, Greene, Otsego and
Schoharie Counties)

INSTRUCTIONS TO APPLICANTS FOR TIMBER HARVEST/STANDARD ACTIVITY PERMIT

Attached is an application form and materials for stream crossing permits associated with Timber Harvesting/Logging activities. This process should provide for more expedient processing of these permits. However, you should try and allow sufficient time to process these prior to the start of logging in the event there are any problems.

The following instructions have been prepared to assist you in applying for this permit:

1. Complete the attached application form (ensure that your proposal meets one of the four examples), include name and address of landowner, description of crossing, and stream bottom on back of application. Also complete Part I of the enclosed Short Environmental Assessment Form.
2. Include site map showing crossing location and any proposed haulroads, as well as the area to be logged. Also include location map (USGS Quad Map or County Highway Map).
3. Check box to indicate type of crossing on attached crossing example page.
4. Color photos of the crossing site showing the stream channel and both approaches.
5. Mail package to Regional Permit Administrator to the office that covers the county the project is located in as noted above.

Application For
Standard Activity Permit/Timber Harvesting



DEC ID# _____
Division of Environmental Permits

NYSDEC Region 4
1130 North Westcott Road
Schenectady, NY 12306

NYSDEC Region 4
65561 State Highway 10, Suite 1
Stamford, NY 12167

NAME OF APPLICANT: _____ Phone () _____
(Owner or Lessee)

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PROJECT LOCATION:
Village of _____ Town of _____ County of _____

Road _____ Stream _____

Location: _____

Will the project utilize state owned land _____ Yes _____ No

Will the construction of haul/skid roads require any cuts or fills? _____

PROPOSED STARTING DATE _____ PROPOSED COMPLETION DATE _____

PROJECT DESCRIPTION (INDICATE ON ATTACHED SKETCH TYPE OF PROPOSED CROSSING AND CHECK BELOW,
DESCRIBE CROSSING ON REVERSE)

- THSP 1 () One instream crossing of less than 25 feet in width in any 1000 feet of stream bank length using a temporary access ford.
- THSP 2 () Construction, repair or use (circle one) of a single-span, bank-to-bank temporary bridge of less than 25 feet in width in any 1000 feet of stream bank length.
- THSP 3 () One instream crossing of less than 25 feet in width in any 1000 feet of stream bank length using corduroy with or without pipe.
- THSP 4 () Installation of a temporary culvert(s) crossing of less than 25 feet in width in any 1000 feet of stream bank length. (Allowed only from June 1 through October 31)

CERTIFICATION:

I HEREBY APPLY FOR AUTHORIZATION TO UNDERTAKE THE WORK DESCRIBED ABOVE. I UNDERSTAND THAT FALSE OR INACCURATE STATEMENTS MADE HEREIN ARE PUNISHABLE AS A CLASS "A" MISDEMEANOR PURSUANT TO SECTION 210.45 OF THE NYS PENAL LAW AND ARE GROUNDS FOR PERMIT DENIAL. AS A CONDITION TO THE ISSUANCE OF THIS PERMIT, I ACCEPT FULL RESPONSIBILITY FOR ALL DAMAGE, DIRECT OR INDIRECT, OR WHATEVER NATURE, AND BY WHOMEVER SUFFERED, ARISING OUT OF THE PROJECT DESCRIBED HEREIN AND AGREE TO INDEMNIFY AND SAVE HARMLESS THE STATE FROM SUITS, ACTIONS, DAMAGES AND COSTS OF EVERY NAME AND DESCRIPTION RESULTING FROM THE SAID PROJECT.

Applicant's Signature

DATE

Owner's Signature (if not Applicant)

DATE

Authorized DEC Representative

DATE Approved

() Additional special conditions (see reverse)

Expiration Date _____

cc: Law Enforcement
Owner
Bureau of Habitat

DESCRIPTION OF CROSSING _____

Type of stream bottom:

- gravel
- silt
- ledge rock
- marshy
- cobble rock

LANDOWNER NAME & ADDRESS:

ADDITIONAL SPECIAL CONDITIONS BY NYSDEC:

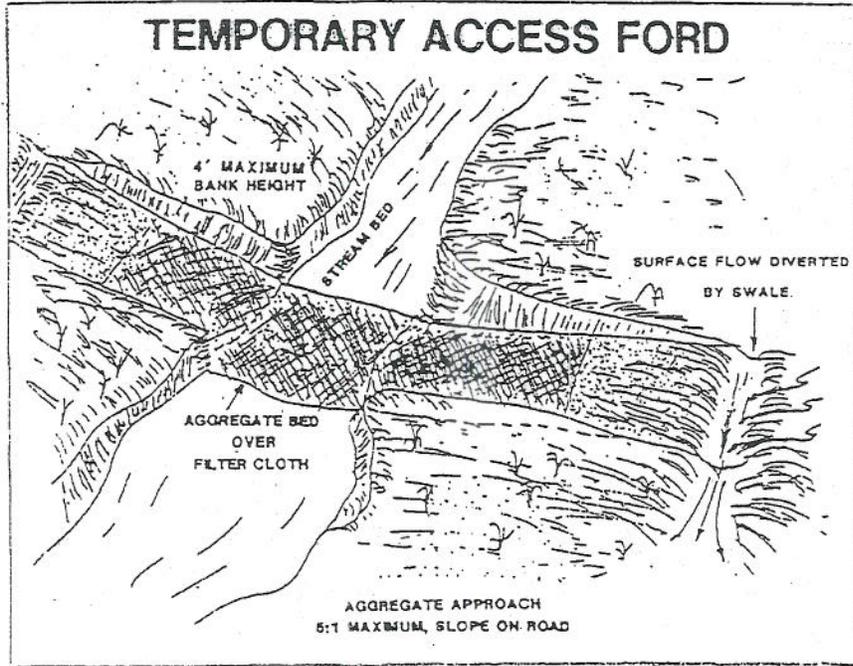
Appendix C
State Environmental Quality Review
SHORT ENVIRONMENTAL ASSESSMENT FORM
For UNLISTED ACTIONS Only

PART I - PROJECT INFORMATION (To be completed by Applicant or Project Sponsor)

1. APPLICANT/SPONSOR	2. PROJECT NAME
3. PROJECT LOCATION: Municipality _____ County _____	
4. PRECISE LOCATION (Street address and road intersections, prominent landmarks, etc., or provide map)	
5. PROPOSED ACTION IS: <input type="checkbox"/> New <input type="checkbox"/> Expansion <input type="checkbox"/> Modification/alteration	
6. DESCRIBE PROJECT BRIEFLY:	
7. AMOUNT OF LAND AFFECTED: Initially _____ acres Ultimately _____ acres	
8. WILL PROPOSED ACTION COMPLY WITH EXISTING ZONING OR OTHER EXISTING LAND USE RESTRICTIONS? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, describe briefly	
9. WHAT IS PRESENT LAND USE IN VICINITY OF PROJECT? <input type="checkbox"/> Residential <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Agriculture <input type="checkbox"/> Park/Forest/Open Space <input type="checkbox"/> Other Describe: _____	
10. DOES ACTION INVOLVE A PERMIT APPROVAL, OR FUNDING, NOW OR ULTIMATELY FROM ANY OTHER GOVERNMENTAL AGENCY (FEDERAL, STATE OR LOCAL)? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, list agency(s) name and permit/approvals:	
11. DOES ANY ASPECT OF THE ACTION HAVE A CURRENTLY VALID PERMIT OR APPROVAL? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, list agency(s) name and permit/approvals:	
12. AS A RESULT OF PROPOSED ACTION WILL EXISTING PERMIT/APPROVAL REQUIRE MODIFICATION? <input type="checkbox"/> Yes <input type="checkbox"/> No	
I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	
Applicant/sponsor name: _____	Date: _____
Signature: _____	

If the action is in the Coastal Area, and you are a state agency, complete the Coastal Assessment Form before proceeding with this assessment

TEMPORARY ACCESS FORD

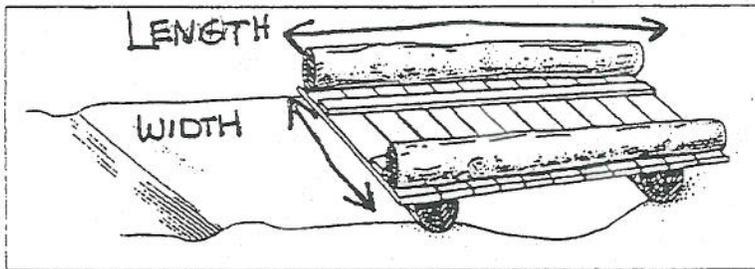


THSP 1

LENGTH _____

WIDTH _____

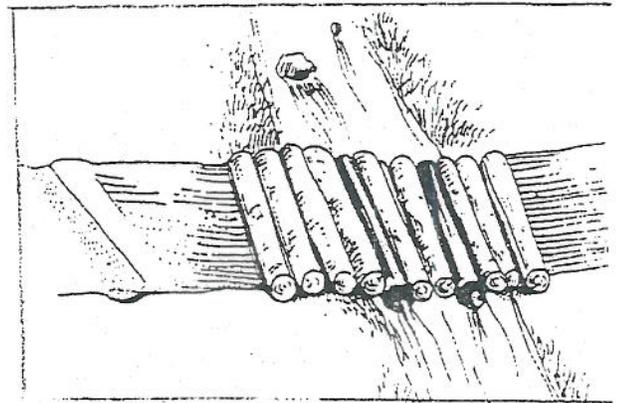
Temporary timber bridge THSP 2



LENGTH _____

WIDTH _____

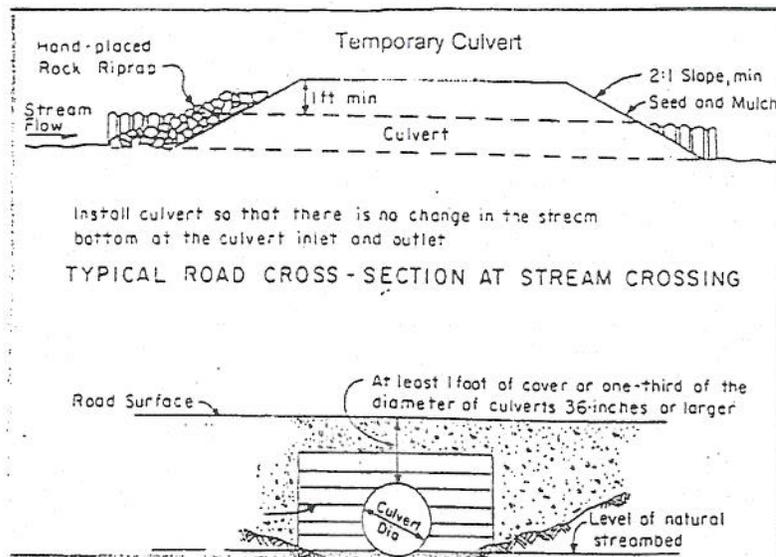
Corduroy xing with or without pipe THSP 3



LENGTH _____

WIDTH _____

THSP 4



Culvert Length _____

Culvert Diameter _____