

Town of Mount Hope

Building Department 1706 Route 211 West Otisville, NY 10963 (845) 386-9949

LOGGING PERMIT

Name of Owner:	
Address:	_
Address of Property:	
Section:Block:Lot:	
Name of Logger:	
Address:	_
iability Insurance Company:	
Name and address of Forester:	

The following must be submitted with application:

- 1. Copy of contract with owner
- 2. Site Plan
- 3. Driveway permit for property (from the Highway Dept.)
- 4. Foresters Report and/or SWPP (Storm Water Prevention Plan)
- 5. Copy of Liability Insurance (minimum \$1,000,000 coverage), Worker's Compensation & Disability Insurance