



**Heidelberg Township**  
Lehigh County, Pennsylvania  
6272 Route 309 Suite A New Tripoli, PA 18066  
Phone 610-767-9297 Fax 484-265-0097  
HeidelbergLehigh.org

<b>Township Use Only</b>
Zoning District: _____
Tax Map # _____
Reviewed by Zoning Officer: _____
Date: _____
<input type="checkbox"/> Filing Fee \$56.00
<input type="checkbox"/> Permit Fee \$100.00
Permit # _____
Date of Issuance: _____
Paid: _____

### Logging Application

**Filing Fee:** \$56.00

**Permit Fee:** \$100.00

Applicant agrees that the following work will be done as described in accordance with plans and specifications submitted, and in compliance with all provisions of the zoning ordinance, all deed restrictions, and all other applicable ordinances of Heidelberg Township.

#### Location Information

Please fill in all applicable information.

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

- All logging operations shall be conducted according to current best management practices and all applicable local, state and federal regulations.
- Attach a logging plan prepared by a professional forester or a forest technician.
- Applicants are encouraged to seek woodland management assistance through the PA Bureau of Forestry.
- The plan must address all applicable erosion and sedimentation requirements under local, state and federal laws.
- A copy of the approved permit shall be present at the site of the logging operation.
- The Township Enforcement Officer shall be notified by the applicant before the beginning and at the end of the logging operation.
- Use of a Township Road requires written approval of the Township.
- No tops or slash shall be left with 25 feet of any public road and/or named recreational trail.
- All other requirements of Ordinance 27-1008 shall be followed.
- Attach a plan showing the size, including dimensions and square footage of the area to be cleared.

Date and Duration of the Logging Operation: \_\_\_\_\_

#### Record Owner Information

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

By my signature below, the responsible party named below will be totally responsible for any actions taken under this permit and all sections of Township Ordinance 27-1008 shall be complied with.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### Applicant Information

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### Responsible Party Information

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**THIS PERMIT EXPIRES WITHIN ONE (1) YEAR OF APPROVAL**