



Forest Practices Application/Notification Renewal

Instructions:

You may renew your current Forest Practices Application or Notification if :

- You are not proposing to modify the uncompleted operation.
- There are no outstanding enforcement actions associated with the application/notification.
- The forest practices rules in effect at the time of renewal do not require a change in the nature and extent of the forest practice.

Fill out this form. Send the forms with the appropriate fees to the department region office that is responsible for the geographic area of the operation. **Type or print in permanent ink.** You can find a list of DNR region offices by going to the DNR web site at <http://www.dnr.wa.gov> and clicking on "Regions".

Renewal requests must be received and accepted at the region office prior to the expiration date of your current forest practices application or notification.

APPLICATION NUMBER: _____

EXPIRATION DATE: _____

Classification of the original forest practice: Class II - [] Class III - [] Class IV General - [] Class IV Special - []

Are you proposing any modifications of the original forest practices?

[] YES Stop. You must complete a new Forest Practice Application/ Notification Form.

[] NO Continue.

| 1) Full legal name of <u>Landowner</u> | 2) Full legal name of <u>Timber Owner</u> | 3) Full legal name of <u>Operator</u> |
|--|--|--|
| Business Contact: | Business Contact: | Business Contact: |
| Mailing Address | Mailing Address | Mailing Address |
| City, State or Province, Country, and Zip or Postal Code | City, State or Province, Country, and Zip or Postal Code | City, State or Province, Country, and Zip or Postal Code |
| Phone () | Phone () | Phone () |
| E-Mail: | E-Mail: | E-Mail: |

4) Legal description and county of the forest practice activity.

| ¼ ¼ (quarter quarter) | Section | Township | Range | E/W | Tax Parcel Number | County |
|-----------------------|---------|----------|-------|-----|-------------------|--------|
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5) I/We affirm that the information contained herein is true, and understand that this proposed forest practice is subject to the current rules of the Forest Practices Act, as well as any applicable federal, state or local rules and regulations. Compliance with this application/notification does not ensure compliance with the Endangered Species Act, or other federal, state, or local laws.

| | | |
|--|---|---------------------------------------|
| Signature of <u>Landowner</u> : | Signature of <u>Timber Owner</u> : | Signature of <u>Operator</u> : |
| Date: | Date: | Date: |
| Print <u>Landowner</u> name: | Print <u>Timber Owner</u> name: | Print <u>Operator</u> name: |

Agency Use Below the Line

| | |
|---------------------|------------------|
| RMS PAYMENT # _____ | FPA/N # _____ |
| RMAP # _____ | DATE RCVD: _____ |
| | REGION _____ |

Decision:

EFFECTIVE DATE _____

MEETS REQUIREMENTS FOR RENEWAL

EXPIRATION DATE _____

DOES NOT MEET REQUIREMENTS FOR RENEWAL

- Modification(s) to the uncompleted operation
- Outstanding enforcement actions associated with this application / notification
- The current forest practices rules require a change in the nature and extent of the forest practice.
- Request was not received and accepted at the region office prior to the expiration date of your current forest practices application or notification.

CLOSED-OUT

CONDITIONS:

ALL CONDITIONS OF THE ORIGINAL APPLICATION / NOTIFICATION APPLY

THE FOLLOWING CONDITIONS APPLY:

_____/_____
 Issued by Title Region Date