

CITY OF POOLER
APPLICATION FOR TIMBER HARVESTING PERMIT

PERMIT NUMBER _____

DATE OF APPLICATION _____

Applicant _____
(Full Name) (Business Phone)

(Address)

Landowner _____
(Full Name) (Business Phone)

(Address)

Project _____
(Name and Description)

Location _____

Tax Map _____ Parcel _____

I, _____ hereby certify that I fully understand the provisions of the City of Pooler Erosion and Sediment Control Ordinance and Program, and that I accept the responsibility for carrying out the Erosion and Sediment Control Plan for the above referenced project as approved by the City of Pooler.

I further grant the right-of-entry onto this property, as described above, to the designated personnel of the City of Pooler for the purpose of inspecting and monitoring for compliance with the aforesaid Ordinance.

Approved by:

Date _____