

## THIS IS A TWO SIDED DOCUMENT DRAFT

 <p>P.O. Box 99 • Ray Brook, New www.apa.state.ny.us</p>	<p>General Permit 2012G-1 Application</p>	<p>Project #:</p>
<p><b>Application and Certification For Silvicultural Treatments That Meet Jurisdictional Clearcutting Thresholds</b></p>		

Instructions: *All questions must be answered completely. Submit this form with all of the required attachments in person or by mail to the Adirondack Park Agency at the above address. A site visit by Agency staff will be required. You may not undertake the project until you have received this general permit certification signed by Agency staff.*

### **SECTION I – ELIGIBILITY**

In order to be eligible for a Certification issued pursuant to this General Permit, all of the following must apply.

- (1) There can be no other active basis of Agency jurisdiction on the project site, including location within a designated Wild, Scenic, or Recreational River area, or undertaking of a regulated activity under the Freshwater Wetlands Act (except construction of a woods road involving class 3 or 4 wetlands). In addition, the project site cannot be involved in a current (active) jurisdictional subdivision.
- (2) The lands proposed for treatment that meet jurisdictional clearcutting thresholds must have forest management certification under the Forest Stewardship Council or the Sustainable Forestry Initiative certification programs as demonstrated by the certification certificate or Article 49 Conservation Easements that includes language for stewardship requirements equivalent to FSC or SFI certification. Lands subject to American Tree Farm System certification or other conservation easements or that are enrolled in the RPTL 480a program may meet eligibility criteria if their management plans are part of a broader management scheme that includes principles, objectives, criteria, and performance measures equivalent to accepted third party certification systems. The proposed treatment shall be in compliance with the terms of the certification.
- (3) The Project Sponsor must submit a complete application.
- (4) The application must contain all of the required attachments including a narrative and graphic description of timber harvesting on the project site, including size of the site, harvest history, integration with previous forest management actions, maps, and photos, as well as documentation that the proposed clearcut is prescribed for regeneration by the approved forest management plan and a detailed implementation schedule of project components.
- (5) If Agency staff determines that the project has to be referred to OPRHP, the Agency must receive documentation from OPRHP that the project will not have an impact on historic or

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archeological resources or their recommendations for studies or surveys to be done and their recommendations for mitigation of any impacts to historic or archeological resources must be provided.

**SECTION II - PROCEDURES**

- (1) To commence Agency review of a proposed project pursuant to this General Permit, a project sponsor must fully complete this application and submit the application and all required attachments to:

Adirondack Park Agency  
Deputy Director, Regulatory Programs  
P.O. Box 99  
Ray Brook, New York 12977

- (2) Within 30 working days of receipt of an application, Agency staff will confirm jurisdiction, determine whether the proposed project meets the eligibility criteria, and review the application for completeness. Agency staff will contact the applicant to arrange a meeting at the project site, if necessary. If the application is incomplete, Agency staff will inform the project sponsor by mail indicating what information is missing at which time the 30 working day clock will be suspended. A new 30 work day clock will start upon receipt of the requested information.
- (3) Based on analysis and possible field review by Agency staff, the Agency's Deputy Director, Regulatory Programs, will determine whether the project as proposed conforms to the eligibility criteria cited herein. Where an application is determined to be ineligible for processing under the General Permit, the Agency will send a letter explaining why the project is ineligible and stating that the activity will be reviewed again upon receipt of a major project permit application.
- (4) Within ten working days of receipt that the application is deemed complete and a determination by the Agency's Deputy Director, Regulatory Programs, that the proposal is eligible for authorization under General Permit 2012G-1, the Agency will issue a signed Certification approving the project which will remain effective so long as eligibility criteria are maintained and there is no change to the proposed treatment.
- (5) The review time periods established in Executive Law § 809 shall not apply to Agency review of an application pursuant to the General Permit, except that if the Agency does not issue a certification within ten days of determining that a proposed project is eligible for authorization under General Permit 2012G-1, the procedures established in Executive Law § 809(6)(a) shall apply.
- (6) By signing the application, a Project Sponsor:
  - a. confirms that the information contained in the application is true, accurate and complete;
  - b. agrees to undertake and complete the project in full compliance with the terms and conditions of a General Permit Certification issued by the Agency; and
  - c. agrees to allow Agency staff, on reasonable notice, to access the project site in order to review the proposed project.

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**Section III – REQUIRED INFORMATION**

**1. Project Sponsor(s) \***

Name(s) \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone (Daytime): (\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_

**2. Current Property Owner(s) (All named on the current deed of record)**

\_\_\_\_ Check if same as project sponsor(s)

Name(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone (Daytime): (\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_

\* The project sponsor is any person having a specific legal interest in property who makes application to the Agency for review of a project proposed on such property. Documentation demonstrating such legal interest must be provided such as a current deed or purchase contract.

**3. Authorized Contact Person**

\_\_\_\_ I do not choose to have an authorized contact person.

If you, the project sponsor, choose to have your real estate agent, lawyer, surveyor, engineer, contractor, or another person act on your behalf before the Agency, please complete the following authorization:

I hereby authorize: (name) \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone (Daytime): (\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_

to act as my agent in all matters relating to this permit application before the Adirondack Park Agency. I acknowledge that all contact regarding the permit application will be through my authorized contact person. I understand that I am ultimately responsible for the accuracy of the information contained in this permit application and for compliance with all terms and conditions of any permit issued to me by the Agency.

**4. Project Site**

Town: \_\_\_\_\_ County: \_\_\_\_\_

Road: \_\_\_\_\_

Tax Map Number (see your tax bill): Section: \_\_\_\_\_ Block: \_\_\_\_\_ Parcel: \_\_\_\_\_

Name of Water body if on shoreline: \_\_\_\_\_

**5. Prior Agency Contact**

- a. Has there been any previous discussion with Agency staff regarding this project or project site, or has any Agency staff visited the project site? \_\_\_\_\_

If YES, provide the name of the APA staff person, if known:

\_\_\_\_\_

- a. Has the project site been the subject of a past Agency action (i.e., permit application, variance, jurisdictional inquiry, enforcement case or wetland flagging)? \_\_\_\_\_

If YES, provide the past project number, jurisdictional inquiry number, enforcement case number or wetland delineation boundary flagging number, if known:

\_\_\_\_\_

**6. Historic and Archaeological Resources**

Agency staff will determine if the forest management activities will be within an area or contain an element(s) identified as a potentially sensitive historic or archaeological resource. A referral to the New York State Office of Parks, Recreation, and Historic Preservation (OPRHP) may be necessary depending on the results of this analysis.

If Agency staff determines that the project has to be referred to OPRHP, the Certification cannot be issued until the Agency receives documentation from OPRHP that the project will not have an impact on historic or archaeological resources or their recommendations for studies or surveys to be done and their recommendations for mitigation of any impacts to historic or archeological resources must be provided.

OPRHP may be contacted at the following address and phone number:

Deputy Commissioner for Historic Preservation  
NYS Office of Parks, Recreation and Historic Preservation  
Peebles Island, P.O. Box 189  
Waterford, NY 12188-0189  
(518)237-8643

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**Section IV – Required Attachments**

**(Your application will not be processed without all of the required attachments listed below.)**

Attach and label, as **ATTACHMENT A**, a **written narrative**, on 8-1/2” x 11” paper that addresses the following:

1. Name and Address of the Project Sponsor(s) and tax map number of the project site.
2. Provide a detailed written and graphic (maps and photos) description of the proposed silvicultural treatment. Include:
  - a. The size of the site, harvest history, and how this proposal will integrate with previous forest management actions.
  - b. The name of the forest management certification program under which the property is enrolled, or the name of the compliance entity for the conservation easement forest management plan, or the DEC office the 480a management plan is reviewed by.
  - c. How the proposed treatment is contained in or consistent with the approved forest management plan for the project site.
  - d. A description of residual stems in size class, density and species distribution.
  - e. A detailed implementation schedule of project components.
3. Provide a copy of the Certification Certificate or indicate that an approved Article 49 Conservation Easement forest management plan is on file with DEC.
4. Clearly describe any other new land use or development or subdivision proposed for the project site.

Attach and label, as **ATTACHMENT B** a map depicting the current real property tax parcels within ¼ mile (1320 feet) of the proposed activity, and the property boundaries of the project site.

Attach and label, as **ATTACHMENT C**, a **SCALED SITE PLAN MAP** clearly labeled with the map scale, north arrow, date of preparation, and name of preparer. Show and label all of the following and clearly identify all existing and proposed development within and up to 500 feet from the proposed activity (including utilities, driveways, etc):

- a) The location of existing buildings that are greater than 50 years in age and proposed buildings;
- b) Existing roads.
- c) Proposed new woods roads (including temporary roads).
- d) Location and extent of the proposed treatment.
- e) Publicly accessible roads and facilities within 500 feet of the proposed treatment.
- f) Any other proposed new land use or development.

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**Section V – Certification, Authorization and Signatures**

I have personally examined and am familiar with the information submitted in this application, including all attachments, and I hereby certify and affirm that this information is true, accurate and complete. By signing this permit application, the applicant(s) agree(s) to strictly comply with the terms and conditions of this application and certification.

X \_\_\_\_\_  
Signature of Applicant

X \_\_\_\_\_  
Signature of all Project Site Landowner(s) from current deed of record:  
(Required for all applications)

\_\_\_\_\_ Date

X \_\_\_\_\_  
Signature of Authorized Representative(s) (if designated)

The co-signatures below indicate that the Adirondack Park Agency has issued the Certification for the project to commence in accordance with the terms and conditions described herein.

X \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of APA Associate A.P. Project Analyst (Forest Resources)  
(Required before regulated activity can be started)

X \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of APA Deputy Director, Regulatory Programs (or designee)  
(Required before regulated activity can be started)