

NORTH BUFFALO TOWNSHIP  
149 McHaddon Road  
Kittanning, PA 16201  
Phone: 724-543-5035 Fax: 724-548-4926  
Email: [nbtwp@windstream.net](mailto:nbtwp@windstream.net)

## **LOGGING PERMIT**

**Application Number:**  **Application Date:**

**Name of Applicant:**

**Address:**

**Contact Name:**  **Contact Phone/Cell:**

Application is hereby made to conduct logging activities on the following property in North Buffalo Township:

**Name of Property Owner:**

**Address of Property:**

STATEMENT OF APPLICANT: I/We do hereby agree to observe and comply to any and all provisions of the North Buffalo Township Zoning Ordinance No. 07-7, Section 12.14 entitled Forestry/Logging Activities, a copy of which is attached, and any other provisions of the ordinance which apply. I do further agree that my failure to do so shall constitute a violation of this permit, which violation shall cause this permit to become null and void, upon receipt of notification to that effect, in writing, from the Zoning/Codes Officer or other duly authorized agent of North Buffalo Township. I/We further agree to hold the Township harmless from any and all damages occurring as a result of logging activities.

**Applicant's Signature:**

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### Township Administration Details

**Permit Fee:**   **Payment Received** **Check#:**  **Date:**

**Approved**  **Denied**

**If denied, reason as follows:**

**Signature of Zoning Officer:**  **Date:**