



FOREST PRACTICES APPLICATION

CLASS IV - GENERAL

TYPE OR PRINT IN INK

1. Landowner, Timber Owner, and Operator Information

Legal Name of LANDOWNER	Legal Name of TIMBER OWNER	Legal Name of OPERATOR
Mailing Address:	Mailing Address:	Mailing Address:
City, State, Zip	City, State, Zip	City, State, Zip
Phone ()	Phone ()	Phone ()
Email:	Email:	Email:

2. Contact Person Information

Name	Phone ()
	Email:

3. Enter the Applicable City of Federal Way Development Permit Application Number(s):

_____ ; _____ ; _____

4. Enter the Forest Tax Reporting Account Number of the Timber

Owner: _____

For tax reporting information or to receive a tax number, call the Department of Revenue at 1-800-548-8829.

5. Legal description where the forest practices will occur.

Parcel Number	Within ¼ section of:	Section	Township	Range E/W

6. Answer each question as it applies to your proposed forest practice.

() No () Yes Is the activity within the “Natural Environment” as regulated by *Federal Way Revised Code* (FWRC) Title 15, “Shoreline Management”?

- No Yes Is the activity within 200 feet of an environmentally sensitive area and its associated buffer area (wetland, stream, wellhead capture area, and/or geologically hazardous area)?
- No Yes Have you reviewed this forest practices activity area to determine whether it may involve historic sites and/or Native American cultural resources?

7. What is the intended future use of the land proposed to be logged?

- Single Family Residence
- Residential Subdivision (includes plats and short plats)
- Commercial or Multifamily Residential
- Other _____

8. How much merchantable timber are you cutting and/or removing?

Complete the table below and identify all timber harvest and salvage activity boundaries on the site plan.

Unit #	Acres (net)	Volume of Merchantable Timber to be harvested (board feet)	Percent (%) of Total Merchantable Timber on site.

9. Summarize below the proposed timber harvest method, how the site will be accessed, and the proposed timing of the timber harvest within the context of the overall project timeline.

We affirm that the information contained herein is true and understand that this proposed forest practice is subject to the State Forest Practices Act and Rules and FWRC Chapter 19.120, "Clearing, Grading, and Tree and Vegetation Retention," as well as all other federal, state, or local regulations. Compliance with the State Forest Practices Act and Rules and FWRC Chapter 19.120 does not ensure compliance with the Endangered Species Act or other federal, state, or local laws.

Signature of LANDOWNER	Signature of TIMBER OWNER (If different than landowner)	Signature of OPERATOR (If different than landowner)
Print Name:	Print Name:	Print Name:
Date:	Date:	Date:

Department Review (For Office Use Only)
Department of Revenue Notified (date): _____
Date Approved: _____
Comments/Conditions: _____