



## Forest Practices Application/Notification Renewal Exempt 20 Acre Parcels

**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 form 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.

<p>1) Full legal name of <b><u>Landowner</u></b></p> <p>Business Contact:</p> <p>Mailing Address</p> <p>City, State or Province, Country, and Zip or Postal Code</p> <p>Phone (     )     )</p> <p>E-Mail:</p>	<p>2) Full legal name of <b><u>Timber Owner</u></b></p> <p>Business Contact:</p> <p>Mailing Address</p> <p>City, State or Province, Country, and Zip or Postal Code</p> <p>Phone (     )     )</p> <p>E-Mail:</p>	<p>3) Full legal name of <b><u>Operator</u></b></p> <p>Business Contact:</p> <p>Mailing Address</p> <p>City, State or Province, Country, and Zip or Postal Code</p> <p>Phone (     )     )</p> <p>E-Mail:</p>
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**4) Legal description and county of the forest practice activity.**

¼ ¼ (quarter quarter)	Section	Township	Range	E/W	Tax Parcel Number	County

5) If harvesting within the Maximum RMZ widths on a 20-acre exempt parcel, complete the table below. See question 14 of the Forest Practices Application/Notification Instructions found at <http://www.dnr.wa.gov/forestpractices>.

- a.  No  Yes Was this parcel 20 acres or less before June 5, 2006?
- b.  No  Yes Have you owned less than 80 forested acres since June 4, 2006?

6) Are you harvesting within 29 feet of a Type Np water on a 20 acre exempt parcel?

- No Skip to question 7.
- Yes Describe leave tree strategy in the space provided or attach an additional sheet of paper. See question 15 of the Forest Practices Application/Notification Instructions found at <http://www.dnr.wa.gov/forestpractices>.

7) Complete the table below for either Western or Eastern Washington if harvesting within the Maximum RMZ widths. See question 15 of the Forest Practices Application/Notification Instructions found at <http://www.dnr.wa.gov/forestpractices>.

**Western Washington:**

Stream Segment Identifier (Letter)	Water Type (S, F)	Stream Width (Bankfull width)	What is the Maximum RMZ Width?

**Eastern Washington:**

Stream Segment Identifier (Letter)	Water Type (S or F)	Harvest Type (Partial Cut or Other)	What is the Maximum RMZ Width?

8) 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 <b>Landowner</b> :	Signature of <b>Timber Owner</b> :	Signature of <b>Operator</b> :
Date:	Date:	Date:
Print <b>Landowner</b> name:	Print <b>Timber Owner</b> name:	Print <b>Operator</b> name:

**Agency Use Below the Line**

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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