



**TOWN OF LEICESTER
CONSERVATION COMMISSION
3 Washburn Square
LEICESTER, MASSACHUSETTS, 01524-1333**

APPLICATION FOR FOREST CUTTING

The undersigned hereby applies for a permit for Forest Cutting in the Town of Leicester and issued by the Leicester Conservation Commission.

PLEASE PRINT

Name of Applicant _____ Phone _____

Mailing Address _____

Email address _____ Cell phone _____

Location of Project _____ Map & Parcel # _____

Owner of Property (if different) _____

Owner Mailing Address _____

Proposed Start Date _____ Duration of Project _____

Acreage to be affected _____

Purpose of Project _____

Special Conditions(if applicable) _____

Has a plan been filed with the DEM? _____ Date filed _____

Enclosed Plans? _____ Enclosed fee? _____

I have read and agreed to comply with ALL the Forest Cutting By-law of the Town of Leicester , the State of Massachusetts Forest Cutting Practices Act G.L Chapter 132 Section 41, and Wetlands Protection Act G.L Chapter 131 Section 40.

Permit expires 1 year from date of issue.

I will also notify the Leicester Conservation Commission upon completion of the project.

Signature of Applicant _____ Date _____

******Note ***\$50.00 fee per application due at filing.*******

OFFICE USE:Hearing Date: _____ Permit # _____