DEPARTMENT OF ENVIRONMENTAL MANAGEMENT - NOTIFICATION OF INTENT TO SAW OR CUT

In accordance with Chapter 12-15 of the General Laws of Rhode Island, as amended, 1956; "Before any such person, firm, or corporation shall cut or saw...(s)he shall at least five (5) days prior to such cutting or sawing notify the Department of Environmental management on forms prepared by [the Division of Forest Environment], of the location of the area and/or property." This law pertains to all holdings of five (5) or more acres, or if the annual cut exceeds five thousand (5,000) board feet or twenty-five (25) cords in any one year.

The undersigned operator hereby notice products on or after		mientar management	that (s)ne will cut of saw forest	
Month/Day	/Year			
Operator's name:	Operator's sig	nature:		
Operator's Telephone No	Date of Application	n:	Registration No	
Location of Land (street address or pole nur	nber):			
		Town:		
Landowner's name:	Landowner's	Signature:		
I have read the brochure: "Be a Smart NOTICE TO LANDOWNER: If you do not have a at the address below, or telephone the office a	copy of the above brochure, but wo	uld like to obtain one, cont		
Landowner's Address:(If different from property being cut or sawn)				
Landowner's Telephone No				
Limited cutting or clearing of vegetation in Island, Department of Environmental Mana Wetlands Act (Chapter 42-35 of the General	freshwater wetlands must be done gement Rules and Regulations Gove	in accordance with Rules 6 erning the Administration a	5.01 and 6.02 of the State of Rhode	
Are wetlands present on the property t	o be cut or sawn? (YES) If yes,	type of wetland:	(NO) (NOT SURE)	
Approximate acreage to be cut or saw	n: Aj	pproximate Volume of	wood product(s) to be removed	
in thousand board feet (MBF) or cords	:			
mixed oaks: white pine:	mixed hardwoods:	red pine	red maple:	
other:				
Instructions: Complete and return this form, Environment. Completed forms and payments in				
	· · · · · · · · · · · · · · · · · · ·	5 Promenade Street ovidence, RI 02908		
Incomplete, unclear, unsigned forms, or forms	submitted without the twenty-five	dollar (\$25.00) fee will be r	returned.	
Date Received:	Date Inspected:	Date App	roved:	
\$25.00 fee received: (YES) (NO) Received by	: Che	ck No	File No	
Inspecting Officer's Signature:		Copy to Co	mpliance and Inspection: (YES) (NO)	