



Ministry of  
Forests, Lands,  
Natural  
Resource  
Operations and  
Rural  
Development

## SMALL SCALE SALVAGE PROGRAM Forestry Licence to Cut Application

Updated: 2019/12

**ESF Submission ID(s)** \_\_\_\_\_ **19545-25/FLTC A** \_\_\_\_\_

<b>Deliver or Mail to:</b> 322 Johnston Avenue, Quesnel BC V2J 3M5  <b>District Manager</b>	For office use only (Date received by District Manager)
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### A) APPLICANT INFORMATION

I (we) hereby apply for a Forestry Licence to Cut for the purpose of timber salvage on an area and in the manner set out in this application.

<b>Legal name of applicant(s):</b>   <b>Client No.</b> _____	<b>Address of applicant(s):</b>   
<b>Prepared by:</b>	<b>Contact information:</b>

### B) SITE INFORMATION

<b>Location (geographic description / mapsheet / road km)</b> (Provide a landmark and BCGS Mapsheet number E.g. Weedon Lake 093J054)	(Provide a location in reference to the nearest known geographic feature) (Road name and nearest kilometre marker or distance from a known point)
<b>Cause of timber mortality</b>	(Identify the cause and approximate date of mortality. <i>E.g. Windthrow fall 2003</i> )

Timber proposed for removal	Species and volume (m <sup>3</sup> )	Total (m <sup>3</sup> )
Dead or down		
Endangered		
Live (interspersed)		
Live (access)		
<b>Total volume planned for harvest</b>		

Treatment Unit (TU)	Area (ha.)	Harvest method	Comments (e.g. adjacency, under story protection)

**Note:** For the purposes of this application “endangered” means timber that is damaged or attacked by insects and can reasonably be expected to die within one year. Live volume total may not exceed 10% of total volume.

C) Transportation Information – detailed description of haul route(s) required.
Transportation Route(s):  



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### REVIEW AND APPROVAL INFORMATION

The following information is required for the Ministry to assess this application before it is approved. It is the responsibility of the applicant and the signing professional to ensure this information is complete and accurate. Some or all of the information provided may become part of a Licence issued as a result of this application.

#### D) LAND STATUS, FOREST PLANNING, MAPPING AND REFERRALS

The applicant has conducted appropriate investigations to ensure that the area included in the application is vacant Crown land. The area proposed does not overlap or conflict with private land, Indian reserve, a park or protected area, and is not otherwise encumbered in a manner that would prevent issuance of a Forestry Licence to Cut.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
This application is consistent with Quesnel Natural Resource District SSS Guidelines.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Map(s) are attached and comply with the standard required.	Yes <input type="checkbox"/>	
A map using ESF submission format has been produced and submitted to FTA.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
The proposal has been referred to the appropriate major Licencee and/or BCTS with a supportive response, and the SSS referral form has been completed and attached with this application.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
The major Licencee and/or BCTS have been provided with an accurate location and assessment of potential impact on silviculture from use of trails and landings in plantations, and support of this has been included in the SSS referral form.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
A field assessment has been conducted and all resource features that could reasonably be affected by this application have been assessed and considered in the preparation of the application.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<i>Value Checked</i>	<i>The area has been checked for the following values and features and appropriate management consideration has been prescribed:</i>	<i>Consideration prescribed (documented in the Notes of Special Concerns section on page 5).</i>
Yes <input type="checkbox"/>	Other leases, Licences or permits	Yes <input type="checkbox"/> NA <input type="checkbox"/>
Yes <input type="checkbox"/>	Mining, petroleum or other sub-surface or surface tenures	Yes <input type="checkbox"/> NA <input type="checkbox"/>
Yes <input type="checkbox"/>	Wildlife tree patches	Yes <input type="checkbox"/> NA <input type="checkbox"/>
Yes <input type="checkbox"/>	Community watershed or domestic water sources	Yes <input type="checkbox"/> NA <input type="checkbox"/>
Yes <input type="checkbox"/>	Range tenures/fences –(required in a Community Pasture or range tenure)	Yes <input type="checkbox"/> NA <input type="checkbox"/>
Yes <input type="checkbox"/>	Old growth management areas/wildlife habitat areas/wildlife features	Yes <input type="checkbox"/> NA <input type="checkbox"/>
Yes <input type="checkbox"/>	Ungulate Winter Range	Yes <input type="checkbox"/> NA <input type="checkbox"/>
Yes <input type="checkbox"/>	Classified Lakes/Recreation features	Yes <input type="checkbox"/> NA <input type="checkbox"/>
Yes <input type="checkbox"/>	Trappers and Guide Outfitters	Yes <input type="checkbox"/> NA <input type="checkbox"/>
Yes <input type="checkbox"/>	Growth and Yield/Research Areas	Yes <input type="checkbox"/> NA <input type="checkbox"/>
Yes <input type="checkbox"/>	Archaeological Resources	Yes <input type="checkbox"/> NA <input type="checkbox"/>
Yes <input type="checkbox"/>	Roads and trails	Yes <input type="checkbox"/> NA <input type="checkbox"/>
Yes <input type="checkbox"/>	Visual Quality	Yes <input type="checkbox"/> NA <input type="checkbox"/>
Yes <input type="checkbox"/>	Terrain stability	Yes <input type="checkbox"/> NA <input type="checkbox"/>
Yes <input type="checkbox"/>	Other(specify) _____	Yes <input type="checkbox"/> NA <input type="checkbox"/>
Yes <input type="checkbox"/>	Other(specify) _____	Yes <input type="checkbox"/> NA <input type="checkbox"/>

#### E) STAND ATTRIBUTES

Upon completion of harvesting the identified area will retain a fully stocked stand; the trees retained on the harvested area will conform to the specifications for the applicable silvicultural system and biogeoclimatic ecosystem classification in the Ministry of Forests, Lands, Natural Resource Operations and Rural Development publication, <i>Cariboo Region Stocking Standards (July 24, 2018)</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
A bark beetle survey has been conducted in a manner consistent with the Quesnel Natural Resource District SSS Guidelines.	Yes <input type="checkbox"/> NA <input type="checkbox"/>
All Clearcut areas will be equal to or less than 1ha. (including consideration of adjacent areas).	Yes <input type="checkbox"/> NA <input type="checkbox"/>
Clearcut area is greater than 1 ha but less than 5 ha.	Yes <input type="checkbox"/> NA <input type="checkbox"/>
The operations proposed under this application will not materially reduce slope stability on the area or on adjacent areas.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Ecological Classification (Zone, Sub-Zone, Site Series).	
Stocking Standards ID (Even-aged stocking standards only)	
Alternative Stocking standards have been proposed	Yes <input type="checkbox"/> No <input type="checkbox"/>



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**F) Pre-Harvest Stand Structure** - Enter in the pre-harvest stand structure as determined through field work. Comp. % - represents the species % in the stand – Must equal 100%. Add more species and Treatment Units (TU) as needed.

Pre-Harvest Stand Structure										
TU #	STAND COMP	SPECIES	%	SPECIES	%	SPECIES	%	SPECIES	%	
	MATURE									
	LAYER	SPECIES	Basal Area (m <sup>2</sup> /ha)	SPECIES	Basal Area (m <sup>2</sup> /ha)	SPECIES	Basal Area (m <sup>2</sup> /ha)	SPECIES	Basal Area (m <sup>2</sup> /ha)	Total Volume (m <sup>3</sup> /ha)
	MATURE									
	LAYER	SPECIES	SPH	SPECIES	SPH	SPECIES	SPH	SPECIES	SPH	Total Stems per Hectare
	MATURE									
	POLE									
	SAPLING									
	REGEN									

**G) Post-Harvest Stand Structure** – Enter in the planned level of retention, a description of the stand structure that is expected post-harvest for each Treatment Unit (TU).

Post-Harvest Stand Structure										
TU #	LAYER	SPECIES	Basal Area (m <sup>2</sup> /ha)	SPECIES	Basal Area (m <sup>2</sup> /ha)	SPECIES	Basal Area (m <sup>2</sup> /ha)	SPECIES	Basal Area (m <sup>2</sup> /ha)	Total Volume (m <sup>3</sup> /ha)
	MATURE									
	LAYER	SPECIES	SPH	SPECIES	SPH	SPECIES	SPH	SPECIES	SPH	Total Stems per Hectare
	MATURE									
	POLE									
	SAPLING									
	REGEN									

### H) BOUNDARY, ROAD, LANDING, AND TRAIL

The condition of existing roads, landings and trails has been assessed and documented.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Existing roads and landings are in a condition suitable for use without modification.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Written road maintenance agreements exist with all permit holders, including road user groups.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>
Trails are marked in the field and identified accurately on the map.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Block boundaries are clearly marked on site and accurately mapped.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

### I) RIPARIAN MANAGEMENT

All streams are correctly classified and mapped.	Yes <input type="checkbox"/>	NA <input type="checkbox"/>
Appropriate timing for removal of any skid trail crossings of streams and non-classified drainages is identified.	Yes <input type="checkbox"/>	NA <input type="checkbox"/>
Harvest in RMZ is consistent with Forest Planning and Practices Regulation	Yes <input type="checkbox"/>	NA <input type="checkbox"/>
RRZ's have been marked in the field to prevent harvest	Yes <input type="checkbox"/>	NA <input type="checkbox"/>

### J) SEASONAL CONSTRAINTS

All season harvest recommended for this site (must have low potential for Archaeological Resources and suitable soil conditions)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
The harvest is to occur only when soil is dry or frozen, or when adequate snow pack exists to ensure no soil disturbance.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
The application area has been field assessed by an archaeologist and no further archaeological work is prescribed. Proceed as per archaeologist's recommendations.	Yes <input type="checkbox"/>	NA <input type="checkbox"/>

### K) RISK RATING

Estimate the risk of the proposed operations on this area (high, moderate or low) by considering the values at risk and the potential impact of the activity planned activity or the consequences if a contravention occurs.			
	High	Medium	Low
Risk to the road, or road users	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Riparian features	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Windthrow Risk Rating (record H for VH)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stocking concerns (quantity or quality of regeneration)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soil Sensitivity / Site Sensitivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Terrain stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Private Land/ Indian Reserve / Other Tenures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Archaeology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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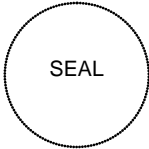
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<b>Overall Risk Rating</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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**NOTICE OF SPECIAL CONCERNS FOR THE DISTRICT MANAGER TO CONSIDER**

Include any requests for exemptions, variances or other strategies and results.

PROFESSIONAL SIGNATURE and SEAL	NAME
 SEAL	
_____ Signature  I certify that I have reviewed this document and personally supervised the work described and that this work has been carried out to a professional standard.	<b>DATE SIGNED</b>  _____

**ACKNOWLEDGEMENT BY APPLICANT**

I certify that I have reviewed all assessments and fieldwork. If issued a Licence I agree to conduct all harvesting operations in accordance with the Licence and the recommendations of the above named professional, who is authorized to act on my behalf for the purposes of this application.

**Signature:**

**APPLICANT NAME**

**DATE SIGNED**

*For office use only*