

NORTH BUFFALO TOWNSHIP  
149 McHaddon Road  
Kittanning, PA 16201  
Phone: 724-543-5035 Fax: 724-548-4926  
Email: [secretary@northbuffalotwp.com](mailto:secretary@northbuffalotwp.com)

## **LOGGING PERMIT**

**Application Number:**  **Application Date:**

**Name of Applicant:**

**Address:**

**Contact Name:**  **Contact Phone/Cell:**

Application is hereby made to conduct logging activities on the following property in North Buffalo Township:

**Name of Property Owner:**

**Address of Property:**

STATEMENT OF APPLICANT: I/We do hereby agree to observe and comply to any and all provisions of the North Buffalo Township Zoning Ordinance No. 07-7, Section 12.14 entitled Forestry/Logging Activities, a copy of which is attached, and any other provisions of the ordinance which apply. I do further agree that my failure to do so shall constitute a violation of this permit, which violation shall cause this permit to become null and void, upon receipt of notification to that effect, in writing, from the Zoning Officer or other duly authorized agent of North Buffalo Township. I/We further agree to hold the Township harmless from any and all damages occurring as a result of logging activities.

**Applicant's Signature:**

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**Permit Fee:**   **Payment Received** **Check#:**  **Date:**

**Approved**  **Denied**

**If denied, reason as follows:**

**Signature of Township Official:**  **Date:**