

**CONFEDERATED TRIBES OF THE UMATILLA INDIAN RESERVATION**  
Tribal Planning Office - 46411 Tímine Way, Pendleton, Oregon, 97801

**FOREST PRACTICES PERMIT APPLICATION**

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Date Submitted \_\_\_\_\_ Application No. \_\_\_\_\_

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1.    A)    LANDOWNER  
          Name: \_\_\_\_\_  
          Address: \_\_\_\_\_  
          Telephone: \_\_\_\_\_
- B)    APPLICANT  
          Name: \_\_\_\_\_  
          Address: \_\_\_\_\_  
          Telephone: \_\_\_\_\_
- C)    OPERATOR  
          Name: \_\_\_\_\_  
          Address: \_\_\_\_\_  
          Telephone: \_\_\_\_\_

2.    PROPERTY LOCATION/ DESCRIPTION/PROOF OF OWNERSHIP and ACCESS

Property address \_\_\_\_\_

Township \_\_\_\_ Range \_\_\_\_ Section \_\_\_\_ Tax Lot/Allotment \_\_\_\_\_

Zoning \_\_\_\_\_ Property Acres \_\_\_\_ Acres affected by proposed action \_\_\_\_  
(for multiple properties attach a list including the above information)

Legal access:    Yes \_\_\_\_\_    No \_\_\_\_\_

If yes, indicate name of public road or proof of access easement. \_\_\_\_\_

If no, indicate status of attainment. \_\_\_\_\_

3.    TYPE OF PROPOSED FOREST PRACTICE (attach narrative describing the proposed practice in detail)

- Timber removal less than or equal to 5,000 board foot gross; such as, but not limited to: pre-commercial thinning, road construction/road closures or non-emergency fuel breaks
- Portable sawmill operations
- Chemical applications
- Prescribed fire
- Destructive forest research studies involving <5,000 board feet
- Timber harvest: removal of >5,000 board foot where Conditional Use approval has been obtained – Conditional Use No. \_\_\_\_\_

4. PURPOSE OF FOREST PRACTICE (describe ultimate effect of proposed practice; such as, reduce fire danger, remove insect infestation, remove wind blow, commercial sale, improve wildlife habitat, etc.)

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5. SUPPLEMENTAL ITEMS TO BE INCLUDED WITH APPLICATION:

MAPS: Topographic maps of the subject property, aerial photo, County Tax Lot map of subject property and vicinity.

PROOF OF OWNERSHIP: Copy of recorded deed(s) of subject property.

PROOF OF ACCESS (if applicable):

NARRATIVE describing the purpose and long-term benefit of the proposed Forest Practice, details of the proposed action (such as estimated board foot volume) and how the Forest Practice complies with applicable Tribal statutes and policies.

OTHER: any additional information, maps or data the applicant may choose to submit in support of the proposed action.

6. QUESTIONNAIRE TO DETERMINE APPLICABLE STANDARDS

A) Does any area of the proposed Forest Practice include land with  $\geq 40\%$  slopes?

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B) Does any area of the proposed Forest Practice include a stream or wetland? If yes, identify the stream name and/or location.

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C) Does any area of the proposed Forest Practice include known historical, cultural or archaeological sites? \_\_\_\_\_

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D) Has a cultural/archeological resources report been completed for the properties? If so, list name of report, author, date and location of the report.

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E) Will new roads be constructed to provide access to the proposed Forest Practice? If so, describe and provide map of haul route.

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- F) What is the forest stand type where the proposed Forest Practice is to occur?
- \_\_\_ Dry upland; predominant species ponderosa pine;  
 \_\_\_ Moist upland; predominant species grand fir and mixed conifer;  
 \_\_\_ Cold upland; predominant species grand fir and lodge pole pine.
- G) When will the proposed Forest Practice start and end (provide estimated time period dates)? \_\_\_\_\_  
 \_\_\_\_\_
- H) What silvicultural method will be used to accomplish the proposed Forest Practice?  
 \_\_\_\_\_  
 \_\_\_\_\_
- I) Describe the reforestation plan, if applicable: \_\_\_\_\_  
 \_\_\_\_\_

This application will be reviewed to determine completeness. When deemed complete, the applicant will be notified and if incomplete, provided with the steps necessary to make it complete. Complete applications are generally processed within 30 days. The Tribal Planning Office may approve an application subject to conditions of approval and the forest practice will be subject to on-site inspection.

This application identifies my full intent, and is complete to the best of my knowledge. I also understand that any false statement made on this application to cause subsequent approval by the Tribal Planning Office will cause this application to be null and void.

Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

I am the (circle one) owner / owner's authorized representative. If authorized representative, attach letter from property owner authorizing the proposed action.

**TRIBAL PLANNING OFFICE USE ONLY**

Date Filed: \_\_\_\_\_ Fee Paid: \_\_\_\_\_

Received By: \_\_\_\_\_

Conditional Use Required: No \_\_\_ Yes \_\_\_ , Conditional Use File #: \_\_\_\_\_

**Internal Review** (please list any conditions below):

*Cultural Resources:* \_\_\_\_\_ *Date* \_\_\_\_\_

*First Foods:* \_\_\_\_\_ *Date* \_\_\_\_\_

*Water Resources:* \_\_\_\_\_ *Date* \_\_\_\_\_

*Wildlife:* \_\_\_\_\_ *Date* \_\_\_\_\_

*Range, Ag & Forestry:* \_\_\_\_\_ *Date* \_\_\_\_\_

*Public Works:* \_\_\_\_\_ *Date* \_\_\_\_\_

**CONDITIONS:**

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**Recommended Action:**

Approved \_\_\_\_\_ Denied \_\_\_\_\_ Reason for finding: \_\_\_\_\_

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**FOREST PRACTICES PERMIT APPROVAL:**

Tribal Planning Office: \_\_\_\_\_ Date: \_\_\_\_\_