

**TOWN OF MONTEREY
DEPARTMENT OF HIGHWAYS, BUILDINGS AND
PROPERTIES**

PO Box 109
Monterey, MA. 01245

**PERMIT TO CONDUCT LOGGING OPERATIONS IN THE TOWN
OF MONTEREY, MASSACHUSETTS**

NAME OF PROPERTY OWNER_____

ADDRESS OF OWNER_____

PHONE NUMBER OF OWNER_____FAX_____

LOCATION OF PROPERTY(Be exact, street address, Map & lot number, etc.)

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NAME OF LOGGING COMPANY OR PERSON_____

ADDRESS_____

PHONE NUMBER_____FAX_____

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DESCRIPTION OF LOGGING OPERATIONS_____

STARTING DATE_____ENDING DATE_____

AMOUNT OF BOARD FEET TO BE TAKEN, OR CORDS OF FIREWOOD

ROUTE OF TRAVEL FOR LOG TRUCKS_____

SIGNATURE OF APPLICANT_____

DATE_____