



# CITY OF COLUMBIA, MISSOURI

## COMMUNITY DEVELOPMENT

DEPARTMENT OF PLANNING AND DEVELOPMENT

(573) 874-7239

BUILDING AND SITE DEVELOPMENT

(573) 874-7474

OFFICE OF NEIGHBORHOOD SERVICES

(573) 817-5050

Application Date: \_\_\_\_\_

Name of Property Owner: \_\_\_\_\_

Address of Property Owner: \_\_\_\_\_

\_\_\_\_\_ Phone #: \_\_\_\_\_  
City State Zip Code

Name of Developer: \_\_\_\_\_

Address of Developer: \_\_\_\_\_

\_\_\_\_\_ Phone #: \_\_\_\_\_  
City State Zip Code

Name of Engineer: \_\_\_\_\_

Address of Engineer: \_\_\_\_\_

\_\_\_\_\_ Phone #: \_\_\_\_\_  
City State Zip Code

Name of On Site Contact: \_\_\_\_\_ Emergency Phone #: \_\_\_\_\_

Address of Work: \_\_\_\_\_ In ROW:  Private Property:

Description of Proposed Work: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Site Area (sf): \_\_\_\_\_ Area to be disturbed (sf): \_\_\_\_\_ Estimated Grading Quantity (cy) \_\_\_\_\_

Starting Date: \_\_\_\_\_ Estimated Days to Complete: \_\_\_\_\_

A Storm Water Pollution Prevention Plan (SWPPP) sealed by a professional engineer licensed in the State of Missouri must be with this application, if operating on greater than one acre, in accordance with Section 15-4(C).

All work is to be completed within thirty (30) days from the date of this permit unless otherwise permitted or an extension of time is granted by the Director. Extensions must be requested in writing a minimum of five (5) working days prior to the expiration of the permit.

Applicant hereby agrees to conduct all work in accordance with the laws and ordinances of the City of Columbia and the conditions of the permit. **The issued permit shall be posted on the job site at all times.**

\_\_\_\_\_  
Applicant's Printed Name

\_\_\_\_\_  
Applicant's Signature

**City of Columbia, Missouri**  
**Logging Permit**

This permit authorizes \_\_\_\_\_ to perform logging activities on \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_.

All work covered under this permit is to be in accordance with the attached permit application, the approved logging and tree preservation plans and specifications, and the following General Conditions:

**General Conditions**

1. The applicant agrees to hold the City of Columbia and its employees from all liability judgments, costs, expenses and claims growing out of damages of any nature whatsoever to any person or property arising out of performance or nonperformance of said work or existence of said improvements.
2. All costs incurred due to the issuance of this permit shall be borne by the applicant, the applicant's successors and assigns.
3. This permit does not relieve the applicant of the responsibility of obtaining other permits required by this or any other agency having jurisdiction. (i.e. Corps or Engineers, Missouri Department of Natural Resources, etc.)
4. Applicant agrees to keep a copy of the permit, permit application and approved plan on the job site while logging is occurring.
5. Substances regulated by federal law under the Resource Conservation and Recovery Act (RCRA) or the Comprehensive Environmental Response Compensation and Liability Act (CERCLA) which are transported, stored or used for maintenance, cleaning or repairs shall be managed according to the provisions of RCRA and CERCLA
6. All paints, solvents, petroleum, products and petroleum waste products (except fuels) and storage containers (such as drums, cans or cartons) shall be stored such that these materials are not exposed to storm water. Sufficient practices of spill prevention, control and/or management shall be provided to prevent any spills of these pollutants from entering a water of the state. Any containment system used to implement this requirement shall be constructed of materials compatible with the substances contained and shall also prevent the contamination of groundwater.
7. The applicant shall notify by telephone and in writing the Department of Natural Resources, Water Pollution Control Program, Post Office Box 176, Jefferson City, MO 65102, 1-800-361-4827, of any oil spills or if hazardous substances are found during the prosecution of work under this permit.
8. Other \_\_\_\_\_

Approved: \_\_\_\_\_

Date \_\_\_\_\_

City of Columbia Arborist



**City of Columbia, Community Development Department**

Logging Permit (FORM LP-01)

*Items to be addressed as part of Tree Removal/Timber Harvesting Plan*

<b>Required</b>	<b>Item</b>
1	Name and address of property owner and applicant
2	Name and address of consulting forester assessing and marking the timber (if applicable)
3	Name and address of felling/harvesting contractor
4	Legal description of all property where tree removal is to take place
5	Proof of ownership of land where tree removal is to take place
6	Plan to be dated
7	Nature of the tree removal (e.g. Timber Stand Improvement, Selective harvest of mature timber)
8	Define the type of forest cover on site (approx species type and % canopy coverage)
9	Define the type of timber to be felled (species and size)
10	Area of climax forest and area of site
11	Percentage of over-story canopy of climax forest to remain
12	Methods to be used for felling trees
13	Methods to be used for removing timber from site and dealing with crown/tree tops
14	Erosion control measures to be used adjacent to protected natural features (e.g. streams and wetlands)
15	List all types of machinery to be used on-site for felling/harvesting/removal
16	Timetable for tree removal/harvesting
17	A scaled map should be provided showing the site and including:
	a. Location of the property within the city (Locator map)
	b. Boundaries of property should be distinct
	c. Location and extent of forested areas
	d. Area of property where felling/harvesting is to take place
	e. Location of any on-site cleared logging roads
	f. Location of any protected natural features(e.g. streams or wetlands)
	g. Access points for machinery, vehicles and timber removal from the property to the Public Right of Way

Address \_\_\_\_\_ Zip \_\_\_\_\_ Subdivision \_\_\_\_\_

Owner Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Fax: \_\_\_\_\_

Contractor Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Fax: \_\_\_\_\_

# Tree	Botanical or Common Name	DBH* or Circumference	Reason for Removal

I have read and understand the above information.

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Signature of Property Owner or Contractor                      Date                      ISA Certification # (if applicable)

\*Diameter at breast height (DBH) measured at 4.5' above the ground line (please contact the City Arborist for verification of DBH for multi-stemmed trees)