



Town of Allenstown
Assessing Office
16 School Street
Allenstown, NH 03275
603-485-4276 ext. 114
dseverance@allenstownnh.gov

TO: Board of Selectpersons

FROM: Donna Severance
Assessing Clerk

DATE: October 24, 2016

RE: Notice of Intent to Cut Wood or Timber

Attached for your approval and signature is a Notice of Intent to Cut Wood or Timber from Northeast Granite LLC. for timber on property located on map/lot 410-026 on Rear Granite Street.

10-24-16
RECEIVED

FORM
PA-7

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
NOTICE OF INTENT TO CUT WOOD OR TIMBER

(Assigned by Municipality)

YR TOWN OP#
14-007-06-T

For Tax Year April 1, 2016 to March 31, 2017

PLEASE TYPE OR PRINT (If filling in form on-line; use TAB Key to move through fields)

- Town/City of: ALLENSTOWN
- Tax Map/Block/Lot or USFS Sale Name & Unit No.
MAP 410 - LOT 026
- Intent Type: Original Supplemental
(Original Intent Number)
- Name of Access Road: GRANITE STREET
- 5a. Acreage of Lot: 31 Acreage of Cut: 25
- 5b. Anticipated Start Date: Fall 2016
- Type of ownership (check only one):
 - Owner of Land and Stumpage (Joint Tenants)
 - Owner of Land and Stumpage (Tenants in Common)
 - Previous owner retaining deeded timber rights
 - Owner/Purchaser of stumpage & timber rights on public lands (Fed., State, municipal, etc.) or Utility Easements

REPORT OF CUT / CERTIFICATE TO BE SENT TO:

OWNER OR LOGGER / FORESTER

BY MAIL OR E-MAIL

7. I/We hereby accept responsibility for reporting all timber cut within 60 days after the completion of the operation or by May 15, whichever comes first. I/We also assume responsibility for any yield tax which may be assessed. (If a corporation, an officer must sign.)

Timber Tax Information is Available at www.revenue.nh.gov
Questions?? Call (603) 230-5950

Brenda Sherburne PRES. 10/17/16
SIGNATURE (In Ink) OF OWNER(S) OR CORPORATE OFFICER(S) DATE SIGNED

BRENDA SHERBURNE, PRESIDENT
PRINT CLEARLY OR TYPE NAME OF OWNER(S) OR CORPORATE OFFICER(S)

SIGNATURE (In Ink) OF OWNER(S) OR CORPORATE OFFICER(S) DATE SIGNED

NORTHEAST GRANITE, INC.
PRINT CLEARLY OR TYPE NAME OF OWNER(S) OR CORPORATE OFFICER(S)

24 TONGA DRIVE
MAILING ADDRESS

BOW NH 03304
CITY OR TOWN STATE ZIPCODE

E-MAIL ADDRESS

HOME PHONE (Enter number without dashes) CELL PHONE (Enter number without dashes)

8. Description of Wood or Timber To Be Cut

Species	Estimated Amount To Be Cut	
White Pine	30 M.b.f.	MBF
Hemlock		MBF
Red Pine		MBF
Spruce & Fir		MBF
Hard Maple		MBF
White Birch		MBF
Yellow Birch		MBF
Oak	6 M.b.f.	MBF
Ash		MBF
Beech & Soft Maple		MBF
Pallet or Tie Logs	12 M.b.f.	MBF
Other (Specify)		MBF
Pulpwood	Tons	Cords
Spruce & Fir		
Hardwood & Aspen	350 tons	
Pine		
Hemlock		
Whole Tree Chips	1000 tons	
Miscellaneous		
High Grade Spruce/Fir		Tons
Cordwood & Fuelwood		Cords

9. Species and Amount of Wood or Timber For Personal Use or Exempt. See exemptions on back of form.

Species	Amount:

10. By signing below, the Logger/Forester or person responsible for cutting hereby accepts responsibility for verifying the volumes of wood and timber to be reported by the owner. I have become familiar with RSA 227-J, the timber harvest laws.

Jeffrey C. Eames 6.7.16
SIGNATURE (In Ink) OF PERSON RESPONSIBLE FOR CUT DATE

JEFFREY C. EAMES PRES. FORT MTN. TRUCKING CO. INC
PRINT CLEARLY OR TYPE NAME OF PERSON RESPONSIBLE FOR CUT

168 GRANITE STREET
MAILING ADDRESS

ALLENSTOWN NH 03086
CITY OR TOWN STATE ZIPCODE

603-485-4459 cindy@nhforestry.com
PHONE NUMBER E-MAIL ADDRESS

FOR MUNICIPAL ASSESSING OFFICIALS ONLY

The Selectmen/Municipal Assessing Officials hereby certify that:

- All owners of record have signed the Intent;
- The land is not under the Current Use Unproductive category;
- The form is complete and accurate; and

- Any timber tax bond required has been received.
\$ _____ Date: _____
- The tax collector will be notified within 30 days of receipt pursuant to RSA 79:10.
- This form to be forwarded to DRA within 30 days.

SIGNATURE OF MUNICIPAL ASSESSING OFFICIAL DATE SIGNATURE OF MUNICIPAL ASSESSING OFFICIAL DATE SIGNATURE OF MUNICIPAL ASSESSING OFFICIAL DATE

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