



Town of Enfield

Assessing Department
Town Manager's Office
23 Main Street, P.O. Box 373
Enfield, New Hampshire 03748
603-632-5026 * FAX 603-632-5182
EMAIL jahuntley@enfield.nh.us

July 15, 2021

INTENT TO CUT TIMBER NOTIFICATION

The attached notice of intent to cut timber was filed with the assessing officials of the Town of Enfield on July 15, 2021. Per recent legislation a municipality must sign the intent within 15 days of receipt. If the intent will be signed outside of a Selectmen's Meeting the intent must be posted at least 24 hours and in two locations. The intent will be posted in two locations (Enfield Post Office and Whitney Hall).

Please note the intent is for Map 16 Lots 61A owned by Choate Road Irrevocable Trust.

(Assigned by Municipality)

YR TOWN OP#
- - - TFor Tax Year April 1, 21 to March 31, 22

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

1. Town/City of: Enfield

2. Tax Map/Block/Lot or USFS Sale Name & Unit No.

16-61-A3. Intent Type: Original ☒ Supplemental ☒ (Original Intent Number)4. Name of Access Road: Choate Rd.5a. Acreage of Lot: 7.00 Acreage of Cut: 1.55b. Anticipated Start Date: Sept. 1, 2021

6. Type of ownership (check only one):

- a. Owner of Land and Stumpage (Sole Owner) ☒
b. Owner of Land and Stumpage (Joint Tenants) ☐
c. Owner of Land and Stumpage (Tenants in Common) ☐
d. Previous owner retaining deeded timber rights ☐
e. 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.)

Attach a signature page for additional owners.

Joshua J. Martin John Munk 7/1/21
SIGNATURE (in ink) OF OWNER(S) OR CORPORATE OFFICER(S) DATE SIGNED

Lisa M. Martin 7/1/21 Lisa M. Martin
PRINT CLEARLY OR TYPE NAME OF OWNER(S) OR CORPORATE OFFICER(S)

James A. Martin 7/1/21 James A. Martin
SIGNATURE (in ink) OF OWNER(S) OR CORPORATE OFFICER(S) DATE SIGNED

Choate Rd Irrevocable Trust
PRINT CLEARLY OR TYPE NAME OF OWNER(S) OR CORPORATE OFFICER(S)

6 Cambridgeville Drive Unit #3
MAILING ADDRESS

Enfield NH 03748
CITY OR TOWN STATE ZIP CODE

FURSTOFINStaxidermynh@gmail.com
E-MAIL ADDRESS

603 359 2813
HOME PHONE (Enter number without dashes) CELL PHONE (Enter number without dashes)

FOR MUNICIPAL ASSESSING OFFICIALS ONLY

The Selectmen/Municipal Assessing Officials hereby certify that:

1. All owners of record have signed the intent;
2. The land is not under the Current Use Unproductive category;
3. The form is complete and accurate; and

4. Any timber tax bond required has been received.

\$ _____ Date: _____
5. The tax collector will be notified within 30 days of receipt pursuant to RSA 79:10.
6. This form to be forwarded to DRA within 30 days.

8. Description of Wood or Timber To Be Cut

Species	Estimated Amount To Be Cut
White Pine	<u>20</u> MBF
Hemlock	MBF
Red Pine	MBF
Spruce & Fir	MBF
Hard Maple	MBF
White Birch	MBF
Yellow Birch	MBF
Oak	MBF
Ash	MBF
Soft Maple	MBF
Beech/Pellet/Tie & Mat Log/Pine Box	MBF
Other (Specify)	MBF
Pulpwood	Tons
Spruce & Fir	
Hardwood & Aspen	
Pine	
Hemlock	
Biomass Chips	<u>150</u>
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:
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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, and certifies that they are familiar with RSA 227-J, the timber harvest laws.

Thad Goodwin 7-9-21
SIGNATURE (in ink) OF PERSON RESPONSIBLE FOR CUT DATE

183 Turnpike Rd
PRINT CLEARLY OR TYPE NAME OF PERSON RESPONSIBLE FOR CUT

183 Turnpike Rd
MAILING ADDRESS

Warwick UT HT 05055
CITY OR TOWN STATE ZIP CODE

862 299 7659
PHONE NUMBER E-MAIL ADDRESS

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

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