



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

January 12, 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 January 12, 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 the Municipal Website).

Please note this intent is for Map 13 Lots 13-3, 13-4 & 13-5 owned by Eric Darmstaedter.

Received by Jonon 1/11/2021

FORM

PA-7

(Assigned by Municipality)

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION

NOTICE OF INTENT TO CUT WOOD OR TIMBER

YR

TOWN

OP#

- - -

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.

13-3, 13-4, 13-5

3. Intent Type: Original ☒ Supplemental ☐

(Original Intent Number)

4. Name of Access Road: **OA HILL ROAD**

5a. Acreage of Lot: **165** Acreage of Cut: **40**

5b. Anticipated Start Date: **1/11/2021**

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.

SIGNATURE (in ink) OF OWNER(S) OR CORPORATE OFFICER(S) DATE SIGNED

DARMSTAEDTER REVOCABLE LIVING TRUST

PRINT CLEARLY OR TYPE NAME OF OWNER(S) OR CORPORATE OFFICER(S)

SIGNATURE (in ink) OF OWNER(S) OR CORPORATE OFFICER(S) DATE SIGNED

ERIC DARMSTAEDTER

PRINT CLEARLY OR TYPE NAME OF OWNER(S) OR CORPORATE OFFICER(S)

1470 AUNAUNA ST.

MAILING ADDRESS

KAILUA

CITY OR TOWN

HI

STATE

96734

ZIP CODE

epdarmo@gmail.com

E-MAIL ADDRESS

808-221-2570

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.

For Tax Year April 1, **20** to March 31, **21**

8. Description of Wood or Timber To Be Cut

Species	Estimated Amount To Be Cut	
White Pine	175	MBF
Hemlock	5	MBF
Red Pine		MBF
Spruce & Fir	5	MBF
Hard Maple	2	MBF
White Birch	2	MBF
Yellow Birch	2	MBF
Oak		MBF
Ash	5	MBF
Soft Maple	10	MBF
Beech/Pallet/Tie & Mat Logs/Pine Box	35	MBF
Other (Specify)		MBF
Pulpwood	Tons	
Spruce & Fir		
Hardwood & Aspen	250	
Pine		
Hemlock		
Biomass Chips	750	
Miscellaneous		
High Grade Spruce/Fir		Tons
Cordwood & Fuelwood	50	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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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, and certifies that they are familiar with RSA 227-J, the timber harvest laws.

SIGNATURE (in ink) OF PERSON RESPONSIBLE FOR CUT

DATE

HB LOGGING LLC HEATH BUNNELL

PRINT CLEARLY OR TYPE NAME OF PERSON RESPONSIBLE FOR CUT

523 LITTLETON RD.

MAILING ADDRESS

MONROE

CITY OR TOWN

NH

STATE

03771

ZIP CODE

603-638-4983

PHONE NUMBER

HBloggoffice@gmail.com

E-MAIL ADDRESS

SIGNATURE OF MUNICIPAL ASSESSING OFFICIAL DATE

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