



# STATE OF MONTANA Department of Natural Resources and Conservation SMZ ALTERNATIVE PRACTICE APPLICATION

Hazard Reduction Agreement (HRA) Number: \_\_\_\_\_

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

Landowner:

Address:

Phone:

Email:

Contractor:

Address:

Phone:

Email:

Person or Entity Legally Responsible for Compliance with SMZ Law: \_\_\_\_\_

Site-Specific Alternative Practice Request:

- Operate Equipment
- Operate a Landing
- Yard Across the Stream  
(Full Suspension)
- Cut Additional Trees
- Remove Logs from Stream
- Other \_\_\_\_\_
- Construct or Reconstruct a Road
- Broadcast Burn

Justification for proposed Alternative Practice:

Planned Mitigation Measures:

Estimated Starting Date: \_\_\_\_\_ Estimated Completion Date: \_\_\_\_\_ County: \_\_\_\_\_

Legal Description: \_\_\_\_\_ Section \_\_\_\_\_ Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_

Estimated Lineal Extent Along Stream: \_\_\_\_\_ Estimated SMZ Width: \_\_\_\_\_

Stream Class:  One  Two  Three Wetlands Present:  Yes  No

**IMPORTANT:** Include map showing the logging unit boundaries, alternative practice site, streams, wetlands, and existing and/or proposed roads. Also include a plan-view map of the alternative practice site, including location and distance to stream, SMZ boundary, location of mitigation measures, and extent of activity requiring an alternative practice.

Approved alternative practices, including any additional conditions approved by DNRC, shall have the same force and authority as the standards contained in 77-5-303, MCA, and shall be enforceable by DNRC under 77-5-305, MCA, to the same extent as such standards.

cc: Applicant, DNRC Unit Office, DNRC Land Office, DNRC Forestry Assistance Bureau.