



REGULAR EXTENSION REQUEST

Submit request to Area Forestry Office that administers the permit.

As specified in *Minnesota Statutes*, section 90.193: *The commissioner may, in the case of an exceptional circumstance beyond the control of the timber permit holder which makes it unreasonable, impractical, and not feasible to complete cutting and removal under the permit within the time allowed, grant one regular extension for one year. A written request for the regular extension must be received by the commissioner before the permit expires. The request must state the reason the extension is necessary and be signed by the permit holder. An interest rate of five percent may be charged for the period of extension.*

Permit Holder: _____

Permit Number(s): _____

I request a one year regular extension on the above permit for the following reason(s):

Extension interest at a rate of 5% per year will be charged as follows:

1. Timber harvested during the extension period will be charged an annual interest rate of 5 percent. The interest rate will be applied to the value of wood cut, scaled, and approved for billing at the time each invoice is processed. The number of days of interest charged will be based on the last (i.e., most recent) scale date of the scales included on an invoice.
2. If an uncut permit is forfeited during the extension period, it will be charged 5 percent interest on the full value of the permit from the start date the extension through the date of forfeiture.
3. If a permit expires without harvest, it will be charged one year of interest at 5 percent on the full value of the permit.
4. If a partially completed permit is forfeited or expires, it will be liable for the remaining permit value and extension interest.

I understand the above extension interest charge conditions and that the terms and conditions of the original permit are unchanged if I am granted a one-year permit extension.

Under certain conditions, a permit extension may be issued interest-free. To qualify, the permit holder must provide documentation to support the claim with this request (e.g., letter from medical provider, state or county salvage permit, etc.)

Permit Holder Signature _____ Date _____

Request Received by: _____ Date _____