NEW CASTLE COUNTY DEPARTMENT OF SPECIAL SERVICES PERMITS SECTION
Mail in: Conner Building, 187 A Old Churchmans Road, New Castle, DE 19720
Walk in: 100 New Churchmans Road, New Castle, DE 19720 Phone: (302) 395-5362 Fax: (302) 395-5367

APPLICATION FOR DEAD & DOWN WOOD REMOVAL PERMIT

(Please print)

Name of Applicant:_____ E Mail Address: _____

Address:_____City:_____ State:_____ Zip Code:_____

Home Phone:_____ Work Phone:_____ Fax:_____

FEE: $35 - 30 day permit for up to three (3) New Castle County Parks of your choice.
For Non-County residents, add $10 per permit.

List park(s) you are requesting:

1)_____ 2)_____ 3)_____

THE FOLLOWING RULES MUST BE OBSERVED AT ALL TIMES:

1. The use of power saws is only permitted for those who have previous experience in their operation, who have the necessary permit, and who have signed the attached Hold Harmless Agreement.
2. Vehicles are allowed only on roadways. The use of a wheelbarrow is recommended for off road access.
3. The permittee must stay clear of the Forestry Crew at all times.
4. **NO** standing timber, whether dead or alive, may be removed from County park land.
5. Dead and down wood may be obtained during daylight hours only.
6. Permittee must at all times operate saws in a safe and prudent manner.
7. The use of safety goggles is required while operating chain saws.
8. Permittee **MUST** carry this permit at all times during usage.
9. No chain saw will be permitted within 50 yards of areas where park facilities exist (i.e. jogging paths, walkways, playing fields, play structures, etc.)
10. Permittee must not operate a chain saw while intoxicated or under the influence of any drug related substance.
11. Failure to comply with the terms of these rules will result in permanent removal from permit list and possible fines and/or litigation.

NO ALCOHOLIC BEVERAGES OR ILLEGAL SUBSTANCES ALLOWED ON COUNTY PARK LAND.
FILL OUT APPLICATION COMPLETELY AND SIGN THE ATTACHED HOLD HARMLESS AGREEMENT.

Please submit appropriate fee with application by credit card, cash, or check/ money order (payable to New Castle County). Permittee will be notified and billed for any extra costs where applicable. Attached Hold Harmless Agreement must be signed and returned with this application along with fee before a permit will be issued.

Signature_____ Date _____

For Office Use	Date	Amount	Check Name	Check No. / Bank No.

For Credit Card Payment Only			
( ) American Express	( ) MasterCard	( ) Visa	
Amount to Charge	Name on Card	Card Number	Exp. Date (mo/yr)

NEW CASTLE COUNTY
DEPARTMENT OF SPECIAL SERVICES

HOLD HARMLESS AGREEMENT

In consideration of the receipt of this permit from New Castle County, the Permittee hereby releases New Castle County and agrees to indemnify and HOLD HARMLESS New Castle County, its agents, or servants from all damages, including, but not limited to, attorney fees and other costs resultant from any injury to Permittee or any agent or employee of Permittee, or to any person coming upon the premises in connection with the Permittee's use and occupancy of the premises.

In no event shall New Castle County be liable for any damage or injury to Permittee or any agent or employee or Permittee or to any person coming upon the premises in connection with the Permittee's use and occupancy of the premises.

Permittee acknowledges that it shall reimburse New Castle County for any and all damage to New Castle County property, its agents, and/or its servants, as a result of the use and occupancy of the premises (ordinary wear and tear excepted) by Permittee, its agents, or servants, or by any person coming upon the premises during the Permittee's use as an invitee or licensee of the Permittee.

Permittee agrees that the rights and obligations under the permit and this agreement shall inure to and be binding on its successors and assigns.

This HOLD HARMLESS agreement **MUST** be signed by Permittee in his or her individual or representative capacity as an authorized representative of the organization named below, which representative represents by so signing that he or she has the authority to bind such organization, and received and accepted by New Castle County before any permit will be issued.

Permittee Organization or Individual's Full Name: _____

Type of Organization [corporation, partnership, etc.] _____

Signature of Permittee: _____

Print Name: _____

Title: _____

Seal Must be Affixed here if a corporation or other such entity:

Date_____