



To be filled out **COMPLETELY** by applicant

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

**PLEASE PRINT CLEARLY**

I/We hereby make application for a Tree Cutting or Removal Permit to permit the proposed tree cutting and removal as described below on the following parcel:

**Project Address:** \_\_\_\_\_  
Include all property addresses

**Rezoning Number:** \_\_\_\_\_

**Rezoning Planner:** Name \_\_\_\_\_

**Legal Description:** Available at City Hall Lot: \_\_\_\_\_ Section: \_\_\_\_\_ Plan No.: \_\_\_\_\_

**Registered Owner(s):** \_\_\_\_\_  
Tel. No. \_\_\_\_\_

**Address:** If different than above \_\_\_\_\_  
Postal Code \_\_\_\_\_

**Application Requirements:**

Number of tree(s) proposed to be removed on the attached tree retention/removal plan: _____	Number of tree(s) to be retained and protected on site: _____
Number of tree(s) to be retained and protected on City Property: _____	Number of tree(s) to be protected on neighbouring property: _____

**Tree Replacement Security** Amount: \$ \_\_\_\_\_ **OR** Confirmation that full landscaping security has been submitted to the Development Applications Planner (Security must be provided prior to tree permit issuance.)

**Has this application cleared Public Hearing and 3<sup>rd</sup> Reading?**  Yes  No

**Public Hearing Date:** \_\_\_\_\_

**Documents included:** (Please check that you have all documents)

- |  |   |
|--|---|
| <input type="checkbox"/> Legal Survey                | <input type="checkbox"/> Other: _____   |
| <input type="checkbox"/> Tree Retention/Removal Plan | <input type="checkbox"/> Tree Protection Barriers have been installed?  |
| <input type="checkbox"/> Letter of Authorization     | <input type="checkbox"/> Yes <input type="checkbox"/> No  |
|  | <input type="checkbox"/> If yes, attach copy of Tree Protection Barriers Diagram or illustrate on site plan/survey. |

**For the safety of our inspectors, please ensure that proper notification has been given to any tenants and that the property has clear access.**

**We regret that we are unable to accept faxed, mailed or emailed applications at this time.**

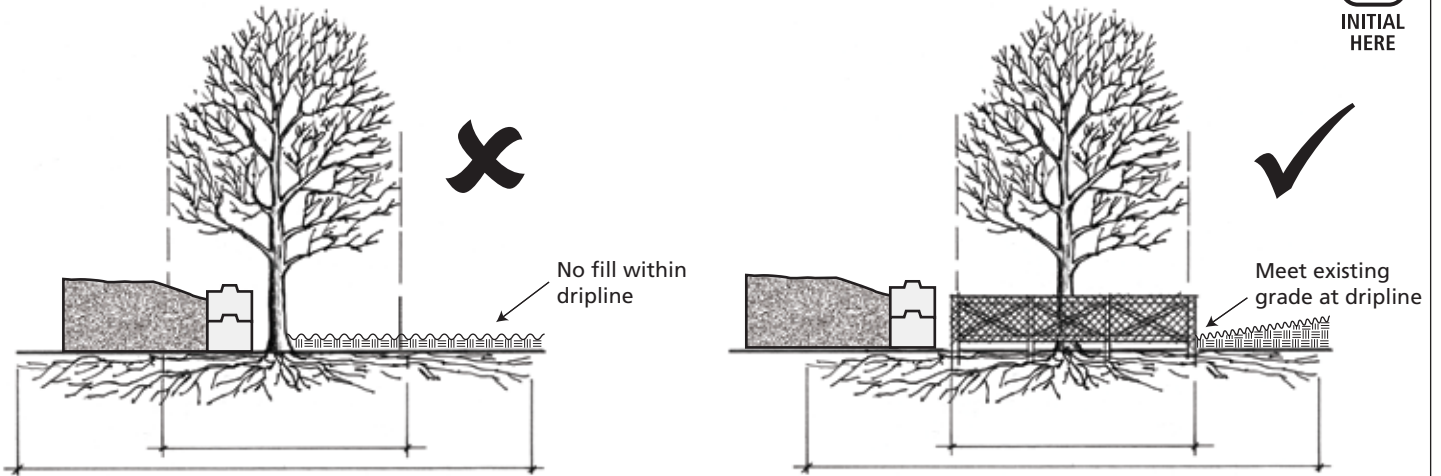
For Office Use	Received by:
Application Fee:	Receipt No.:
Permit No.:	Letter of Authorization:
RZ/DP Landscaping Security/ Contribution Collected? <input type="checkbox"/> Yes <input type="checkbox"/> No	Tree Replacement Security Amount (\$500/require replacement tree):

I understand the following actions are prohibited and are ticketable offences under the Tree Bylaw – includes trees onsite and on neighbouring property.

**PLEASE INITIAL EACH BOX**

**PROTECTION OF TREES ON SITES WITH PRE-LOAD AND/OR GRADE CHANGES**

INITIAL  
HERE

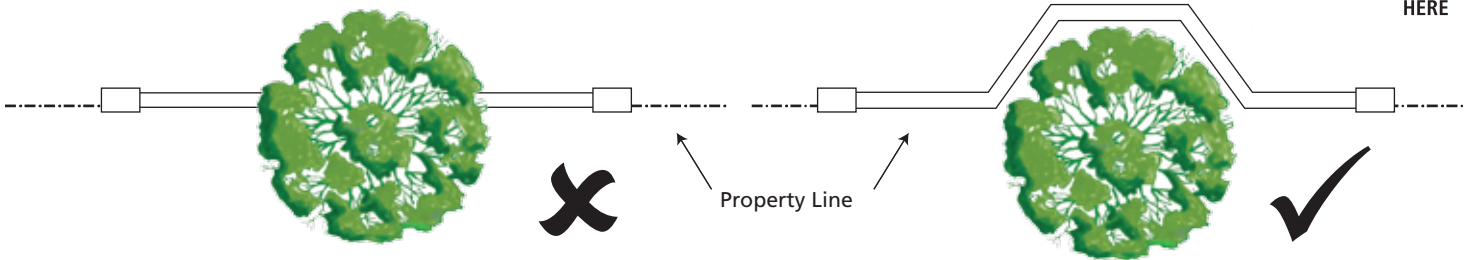


**NOTE: Tree Protection Fencing must be maintained throughout the construction process.**

Locate wall  
outside dripline

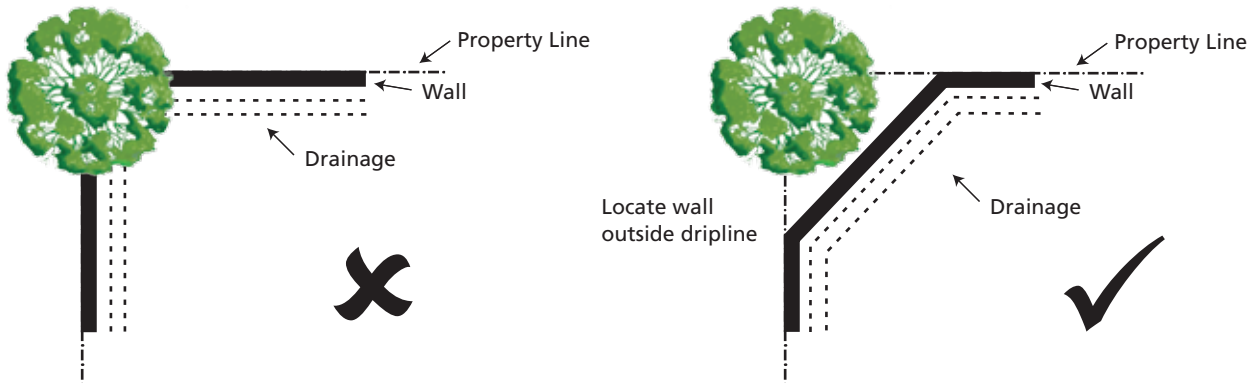
**CONSTRUCTION OF PROPERTY LINE WALLS**

INITIAL  
HERE



**CONSTRUCTION OF PROPERTY LINE RETAINING WALLS & PERIMETER DRAINAGE**

INITIAL  
HERE



Contact 604-247-4684 for clarification on any of the above.

We regret that we are unable to accept faxed, mailed or emailed applications at this time.

Contact Person or Agent: \_\_\_\_\_ Tel. No. \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Permit will not be valid until it is picked up and signed.

Please initial in box to indicate you have read and understand this.