



Tree Cutting Application Form

APPLICANT

Name: _____ Agent Owner

Company (if applicable): _____

Address: _____ Postal Code: _____

Email: _____ Phone #: _____

REGISTERED OWNER *(If applicant is different from registered owner)*

Name(s): _____

Address: _____ Postal Code: _____

Email: _____ Phone #: _____

PROJECT INFORMATION

Have you had a FireSmart Assessment done on the property? Y N

Address: _____ Est. Completion Date: _____

Project statement: Indicate why the tree(s) need to be removed, number and species of trees to be removed, is the situation hazardous, are other structures, properties going to be impacted, etc. *(Use the back if more space is needed)*

Site Plan: Attach a site plan, aerial photo or survey plan, circling or otherwise identifying the tree(s) to be removed. **Trees need to be replaced at a 2:1 ratio. Indicate location of replacement trees with an 'X'.**

Refer to Tree Protection Bylaw 2404 for more details on cutting regulations, replacement requirements, & FireSmart principles.

Registered Owner Signature: _____ **Date:** _____

If using an agent, your signature allows us to work with the agent on your behalf

OFFICE USE ONLY

Date received: _____ Approved (date) _____ Denied (Reason) _____

Permit # TP _____

Y N Fee Paid (\$50.00) (GL 211-545-125) Y N Fees waived by PFR for FireSmart

Y N Replacement trees required Y N Further information required _____