



Application to Permit the Injury or Destruction of Trees within Woodlots

Property Owner:

Name: _____
Address: _____

Telephone: Home: () _____
Work: () _____

Fax: () _____

Email: _____

Contractor (If not same as owner):

Name: _____
Address: _____

Telephone: Home: () _____
Work: () _____

Fax: () _____

Email: _____

Location of Woodlot:

Municipal Address: _____

Lot: _____ Concession: _____

Area of woodlot (ha): _____ # of trees to be removed: _____

1. Has the woodlot been marked for cutting? YES ___ NO ___

If yes, by whom: _____

Name: _____

Qualifications: _____

Address: _____

Telephone: () _____ FAX: () _____

2. Is there a current development application associated with these lands (eg. Draft plan of subdivision, rezoning or site plan)? YES ___ NO ___

If 'YES' provide the application numbers and basic details.

File Number(s): _____

Details: _____

3. What is the reason for injuring or destroying the tree(s)?

4. Attach a plan of the subject property, which must include the following:

Bar Scale and arrow indicating North

The dimension of your property and location of the street(s)

The location of the woodlot on your property

The location of the trees(s) you wish to remove

The location of other natural features on the property such as slopes and creeks

5. Please specify the species, diameter, and condition of the trees subject to injury or destruction (please attached tree inventory if there is not enough space below).

<i>Common tree name</i>	<i>Approx. Diameter (cm)</i>	<i>Condition</i>
1.		
2.		
3.		
4.		
5.		
6.		

6. The City requires that a Silvicultural Prescription and/or Woodlot Management report from a member in good standing of the Ontario Professional Foresters Association to substantiate the proposed tree removal and destruction. This report will assess the potential impacts of the tree removal on the remaining woodlot and recommended mitigation actions required to ensure its long term health.

7. Will you be planting any replacement trees? YES___ NO___

8. If YES, please specify the type, diameter and number of replacement trees?

<i># of Trees</i>	<i>Common tree name</i>	<i>Approx. Diameter (cm)</i>

9. Declaration

I hereby declare the statements made by me in this application are, to the best of my belief and knowledge, a true and complete representation of the purpose and intent of this application.

Signed at the City of Brampton this _____ day of _____, _____.

Signature of Owner

Signature of Contractor

Name of Owner

Name of Contractor

PLEASE NOTE: This information is collected pursuant to the Municipal Act and/or the Municipal Freedom of Information and Protection of Privacy Act and will be used for the sole purpose of administering By-law 70-2001.

If this application is signed by a person on behalf of the owner of the trees affected, the owner's written authorization must accompany this application.

OFFICE USE ONLY

Permit Number _____

Application Reviewed By: _____
Signature

Date

Comments: _____

Permit Approved? YES___ NO___

Conditions Attached? YES___ NO___ **Revisions to Plan?** YES___ NO___

Date Applicant Notified (dd/mm/yyyy) _____

Authorization: _____
Signature

Date

Fees Due: \$_____ **Date Received:** (dd/mm/yy) _____ **Initials:** _____

NOTE:

1. Failure to comply with approved site plan and any conditions of permit issuance will invalidate the permit.
2. A copy of the approved permit must be available on-site while the work authorized by the permit is undertaken.