

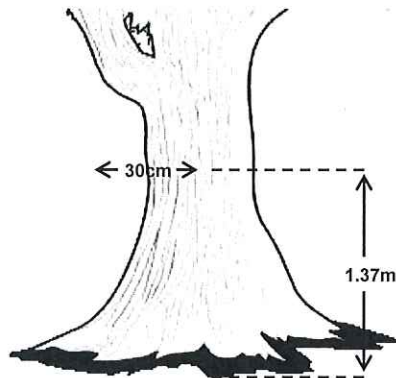
Application to Injure or Destroy Trees on Private Land

In an effort to sustain and protect the tree canopy of Brampton, City council has passed a By-law 317-2012 (Tree Conservation) (hereinafter, the "By-law") to control indiscriminate cutting of trees and promote their importance within our City. Unless the criteria set out in Part IV (Exemptions) of the By-law are met, the attached Application to Injure or Destroy Trees on Private Land ("Application") must be completed and a Permit issued in order to injure, cause or permit the injuring of a tree.

The exemptions listed below are provided to assist you in determining if you require a permit to perform work on privately owned trees.

Some examples where a Permit will not be required include:

1. Trees located within 2 meters of an occupied building.
2. Trees with a diameter of less than 30 centimeters, measured from 1.37 metres from the ground; or



3. Injury to trees where necessary for emergency work.

Please refer to [Tree Conservation By-law 317-2012](#) for further details, or contact the Urban Forestry department at 311 if you require further clarification.

Where the tree does not meet any of the criteria that would exempt it from the Permit process, the Application accompanied by a \$50 application fee must be submitted to the City of Brampton. The application fee of \$50 is non-refundable.

Cheques payable to The Corporation of the City of Brampton.

If paying in person, cash, debit, Amex, Visa and MasterCard are also accepted.

Service Brampton Centre
2 Wellington Street West
Brampton, Ontario
L6Y 4R2

Please allow for up to thirty (30) business days to process the application.

For shared or neighbouring trees, a completed Application from both property owners must be received.

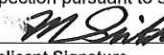

Property Address			
Street Number 170	Street Name CLARK AVE.	Suite/Unit Number	Ward 3

Registered Owner Information				
Information as it appears on Deed/Transfer of Land				
First Name JOHN		Last Name DOE		<input checked="" type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.
Company Name (if applicable)		Company Officer Name (First, Last)		Position Title
Street Number		Street Name		Suite/Unit Number
City/Town BRAMPTON	Province ON	Postal Code L6S 6G3	Telephone Number (905)873-1234	Fax Number
Email J_DOE@YAHOO.COM				

Applicant Information				
The City will communicate with the applicant regarding this application				
Applicant is: <input type="checkbox"/> Same as above <input checked="" type="checkbox"/> Arborist <input type="checkbox"/> Agent <input type="checkbox"/> Contractor <input type="checkbox"/> Other: _____				
First Name MIKE		Last Name SMITH		<input checked="" type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.
Company Name (if applicable) SMITH'S TREE CARE		Company Officer Name (First, Last)		Position Title ARBORIST
Street Number 11		Street Name HARLEY AVE.		Suite/Unit Number
City/Town BRAMPTON	Province ON	Postal Code M6N 3C3	Telephone Number (416) 987-0001	Fax Number
Email SMITH_TREECARE@YAHOO.COM				

Application for a permit to injure or remove:				
Check One		Provide Illustration		
Private Tree	Shared/ Neighbour Tree	HOUSE FRONT YARD		TREE TO BE REMOVED BACKYARD DRIVEWAY
<input checked="" type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>			

Reason for Application			
<input type="checkbox"/> Pool Installation	<input type="checkbox"/> Structural Addition	<input type="checkbox"/> Damage to Utilities or Structures	<input checked="" type="checkbox"/> Other: _____
Explanation: TREE LOCATED IN THE CORNER OF THE BACKYARD IS A POTENTIAL HAZARD DUE TO THE VERTICAL CRACK IN THE TRUNK OF TREE.			

Declaration		
If Owner's signature cannot be included, a separate Letter of Owner's Authorization must be provided.		
Declaration: I have read, agree to and understand the information herein and am aware of the requirements and procedures set out in By-law 317-2012 (Tree Conservation By-law). I hereby certify that the information provided is complete, accurate and true to my best knowledge and belief. I further acknowledge and understand that an Officer may enter upon my lands at any reasonable time to carry out an inspection pursuant to section 30, Part 8 of the By-law.		
 Applicant Signature	MIKE SMITH Print Name	2021/07/09 Date (yyyy/mm/dd)
 Owner Signature	JOHN DOE Print Name	2021/07/09 Date (yyyy/mm/dd)