Application to Permit the Injury or Destruction of Trees within Woodlots in the City of Brampton

City of Brampton
Planning, Design & Development
Parks and Facility Planning Section
2 Wellington St. W.
Brampton, Ontario, L6Y 4R2
905-874-3968

1. Property Owner:

Name: _____
Address: _____
_____
_____
_____
Telephone: Home: ( )_____
Work: ( )_____
FAX: ( )_____

2. Contractor (If not same as owner):

Name: _____
Address: _____
_____
_____
_____
Telephone: Home: ( )_____
Work: ( )_____
FAX: ( )_____

3. Location of Woodlot:

Municipal Address: _____ Lot: _____ Concession:_____
Area of woodlot (ha): _____ # of trees to be removed: _____

4. Has the woodlot been marked for cutting? _____ If so, by whom?

Name: _____
Qualifications: _____
Address: _____
_____
_____
Telephone: ( )_____ FAX:( )_____

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

_____
_____
_____
_____

6. Attach a plan or sketch of the property, which must include the following information:

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

7. Please specify the species, diameter, and condition of the trees subject to injury or destruction.

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

8. The City requires an accompanying Silvicultural Prescription Report from a Registered Professional Forester with this application. This report will assesses the potential impacts to the long term suvival of woodlot by the proposed tree removal. If the proposed tree removal is extensive, to assess the potential impact on the natural system in the area, including but not limited to habitat functions, water recharge and discharge zones, water course, wetlands, etc.

9. Will you be planting any replacement trees? Yes _____ No _____

10. If yes, please specify the type, diameter and number of replacement trees?

# of Trees	Common tree name	Approx. Diameter (cm)

11. 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 , year of 2002.

_____ _____

Signature of Owner Signature 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 Attached? Yes ____ No ____

Date Applicant Notified (dd/mm/yy) _____

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.**