



Permit Application

Permit type: Tree cutting

Date of request: _____

* Identification

Owner

Name: _____

Address: _____

City: _____

Phone: _____

Work

Work address: _____

Contractor: _____

Work starting date: _____

* Tree cutting

Reason for felling

- | | |
|---|---|
| <input type="checkbox"/> Dead or almost | <input type="checkbox"/> Diseased |
| <input type="checkbox"/> Dangerous to public security | <input type="checkbox"/> Causing damage to public or private property |
| <input type="checkbox"/> Planned construction | <input type="checkbox"/> Other |

Further description(s) _____

* Number of trees : _____ Is/Are the tree(s) identified?

Species / Type : _____

Location of tree(s)

- Front yard Left side yard Right side yard Back yard

Work description

Applicant's signature: _____ Date: _____