

Applicant Information

First Name Last Name

Street Address Unit #

City Province Postal Code

Home Phone # Business Phone # Extension

Fax # Email Address

Owner Information (if different from Applicant)

First Name Last Name

Street Address Unit #

City Province Postal Code

Home Phone # Business Phone # Extension

Fax # Email Address

Location, type and number of trees to be removed. Please attach a separate sheet if necessary.

Additional sheet attached? Yes No

Attached are the following documents:

- Sketch of the property showing the location of all buildings, the location of all trees on the property, and the location of all trees to be removed.
- Cheque/Money Order made payable to the City of Pickering in the amount of \$100.00.

Declaration

I hereby certify that the information provided in this application is true, correct and complete to the best of my knowledge and belief.

I hereby authorize the City of Pickering, and any agent or employee of it, to inspect the proposed tree removal property at any reasonable time before any permit is issued, during any tree removal and following any removal, for the purpose of enforcing By-law 6108/03, as amended.

Owner Signature

Date

Applicant Signature

Date

Office Use Only (By-law Enforcement Section Decision)

Approved

Denied **Date** _____ **By** _____

Permit # _____ **Date Issued** _____ **Issued By** _____

Personal information contained on this form is collected pursuant to the *Municipal Freedom of Information and Protection of Privacy Act*. This information is collected to process this application. Any questions related to the collection of this information should be directed to the City Clerk, One The Esplanade, Pickering, ON L1V 6K7, 905.420.4611.

Alternate formats available upon request at 905.683.7575.