City of PICKERING

Applicant Information

First Name		Last Name			
Address		Unit No.	City		Postal Code
Telephone Number	Mobile Phone Number	Email Address			

Owner Information (if different from Applicant)

First Name		Last Name			
Address		Unit No.	City		Postal Code
Telephone Number	Mobile Phone Number	Email Address			

Tree Removal Fees: Cheque/Money Order payable to the City of Pickering

☐ $155.00   Permit requiring an inspection by the City's arborist.

☐ $52.00   Permit accompanied by certified arborist report.

☐ $52.00   Permit for dead, diseased or injured tree requiring an inspection by City's arborist.

☐ $ 0.00   Permit for a dead, diseased or injured tree accompanied by a certified arborist report.

Required Attachments

☐ Sketch of the property showing the location of all buildings, the location of all the trees on the property, and the location of the trees to be removed. Please provide on a secondary page.

Declaration

☐ I hereby certify that the information provided in this application is true, correct 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 8073/24, as amended.

Owner Signature	Date
Applicant Signature	Date

Office Use Only (By-law Enforcement Section Decision)

RSN	Entry Date	Initial Approval

File No.

☐ Approved	☐ Denied
Officer Name	Officer Signature
Permit #	Date Issued

CSV-1218-05/09 Revised 29/12/25