



Permit Application

Permit type: Tree cutting Date of request: _____

* Identification

Owner

Name: _____
Address: _____
City: _____
Phone: _____

Applicant (if different from owner)

Name: _____
Address: _____
City: _____
Phone: _____

* Reason for felling

- Dead or almost Planned construction: Type of construction: _____
 Dangerous to public security Address of work: _____
 Diseased Contractor: _____
 Causing damage to public or private property Work start date: _____
 Other *Attach a site plan specifying the construction zone

* Number of trees : _____ The trees are identified with: _____

Species / Type : _____

Location of tree(s)

- Front yard Left side yard Right side yard Back yard

Work description (sketch)

Owner's signature _____

Applicant's signature (if different from owner) _____

Date: _____