



Ville d'Hudson/Town of Hudson
Service d'urbanisme/Planning department
64 Cedar, Hudson
J0P 1H0

Phone: (450) 458-1111
Email: info@ville.hudson.qc.ca

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

Dangerous to public security

Diseased

Causing damage to public or private property

Other

Planned construction: Type of construction: _____

Address of work: _____

Work start date: _____

*Attach a site plan specifying the construction zone

* Contractor : _____

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)

Large empty box for sketching the work description.

Owner's signature _____

Applicant's signature (if different from owner) _____

Date: _____