



Ville d'Hudson/Town of Hudson  
 Service d'urbanisme/Planning department  
 481 rue Main, Hudson  
 J0P 1H0

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

## Permit Application

Permit type: Tree cutting Date of request: \_\_\_\_\_

### Identification

<b>Owner</b> Name: _____ Address: _____ City: _____ Phone: _____ Email: _____	<b>Applicant</b> (if different from owner) Name: _____ Address: _____ City: _____ Phone: _____ Email: _____
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**Reason for felling**

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

**Number of trees :** \_\_\_\_\_ **The trees must be identified (rope, tape)**

**Species / Type :** \_\_\_\_\_

**Location of the 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: \_\_\_\_\_