

City of St. Thomas
 Forestry Division,
 Parks, Recreation and Property
 Management Department
 545 Talbot St., P.O.Box 520
 St. Thomas On, NSP 3V7
 Telephone: 519-631-9990 x 5205



**PERMIT
 APPLICATION**
 To Injure or
 Remove/Destroy
 A Tree(s)

Completed applications and payment to be submitted to the Pinafore Park Office building at 95 Elm St with a cheque for appropriate fee or emailed to urbanforester@stthomas.ca with credit card payment information ~ note a satisfactory Arborist report *must be included* for Private Tree Permit application or they will not be accepted

OFFICE USE ONLY			
Date Received:	Applicable fee:	Method of Payment:	Date Paid:
Application form completely and accurately completed?		Y / N	Details:

Tree(s) Address			* Required information	
*Street No.	*Street Name	*City	Unit No.	
Property Owner Information				
*Last Name		*First Name		
Company Name (if applicable)		Company Officer (name)		Position
*Street No. and Name (include unit number if applicable)		City	Province	Postal Code
*Telephone No.	Alt. Telephone No.		*Email	
Applicant Information (The City will communicate with the "Applicant" regarding this application)				
*Applicant is:	<input type="checkbox"/> Same as above <input type="checkbox"/> Arborist <input type="checkbox"/> Tenant <input type="checkbox"/> Contractor <input type="checkbox"/> Other			
*Last Name		*First Name		
Company Name (if applicable)		Company Officer (name)		Position
*Street No. and Name (include unit number if applicable)		City	Province	Postal Code
*Telephone No.	Alt. Telephone No.		*Email	
Owners Authorization to Submit an Application ** To be completed only if the applicant is not the owner **				
I/we (owner) _____ Authorize (Applicant)				

to act as my agent and sign this application form on my behalf, in respect of the premises listed under the Address section above.				
Signature(s) of Owner(s) _____			Date _____	
Signature of Signing Officer(s), Position held and Corporate Seal				
(if owner is a company/partnership) _____			Date _____	

Application for Permit to :						
Check appropriate boxes and specify tree(s) requested to be injured or removed/destroyed If you have additional trees, please list them on a separate sheet	Non-Hazardous Municipally Owned Tree			Privately Owned Significant Tree		Please note, private tree application MUST be accompanied by an Arborist Report
	Tree Number	Remove/destroy	Injure	Tree Number	Remove	Shared/Boundary Tree
	1			1		
	2			2		
	3			3		
	4			4		
			5			Total # of trees included in application
~ Municipal Trees Only ~ details/reasons for request (Private tree removal details to be included in an Arborist Report)				Include diagram of location of <i>Municipal tree</i> (attach sheet if more room is required)		
Application Fee Calculation *note fees apply to Private and Municipal applications					Check/describe fee that applies	
Less than ten (10) trees		\$100.00			<input type="checkbox"/> \$100.00	
Ten (10) to one hundred (100) trees		\$150.00			<input type="checkbox"/> \$150.00	
More than one hundred (100) trees		\$250.00			<input type="checkbox"/> \$250.00	
Fee Exemptions (to be determined by the City)		Permit fees are exempted for not-for-profit housing associations or dead, severely diseased or hazardous trees.			<input type="checkbox"/> Request Fee Exemption based on:	
Accepted Methods of Payment: Cheque, money order, credit or debit card (in person only). Please make all amounts payable to the City of St. Thomas. Application fees are non-refundable and payable at the time of application submittal. Submission of an application does not guarantee that a permit will be issued.						
Authorization						
<input type="checkbox"/> I have read and understand the attached information and am aware of the permit procedures required under the provisions of the Private and Municipal Tree By-laws. I hereby certify that the information, survey and plans provided are correct and truly indicate my intentions respecting the proposed work. I acknowledge and understand that pursuant to Section 813-25A of the Municipal Act, an officer may enter upon my lands at any reasonable time for the purpose of carrying out an inspection.						
*Signature (owner or Applicant if Authorized)			*Print Name		*Date (m/d/y)	

TO BE COMPLETED BY APPLICANT AND OR OWNER

Please note: All approved tree work on Municipally owned tree(s) will be completed by the City's hired contractor and the applicant will be subject to removal or injury costs and other expenses as laid out in the Municipal tree preservation Bylaw # 60-2019; All Approved Significant Private tree removals may be subject to additional fees as outlined in the Private Tree Preservation Bylaw # 61-2019 All associated fees will be outlined by the Director if the permit is approved.

*Credit Card Information ~ Must be completed if submitting through email			
Card Type:	<input type="checkbox"/> Visa <input type="checkbox"/> Master Card	Name as shown on credit card:	
Card Number:		Expiry:	CVC Code:
Signature:	Who do we make the receipt to? <input type="checkbox"/> Same as above <input type="checkbox"/> Other		
Receipt Recipient Name:	Email / Mail:		
Tree Address (for payment reference)			