

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) 631-1680 ext. 5204



# PERMIT APPLICATION

To Injure or  
Remove/Destroy  
A Tree(s)

Completed applications and payment to be submitted to the Joe Thornton Community Center - 75 Caso Crossing

Tree(s) Address			* Required information			
*Street No.	*Street Name	*City	Unit No.			
Property Owner Information						
*Last Name		*First Name		Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/>		
Company Name (if applicable)		Company Officer (name)		Position		
Street No. and Name			Unit No (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"/> Tenant <input type="checkbox"/> Arborist <input type="checkbox"/> Contractor <input type="checkbox"/> Other _____						
*Last Name		*First Name		Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/>		
Company Name (if applicable)		Company Officer (name)		Position		
Street No. and Name			Unit No. (if Applicable)	City		
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 a Permit to						
Check appropriate boxes and specify tree(s) requested to be injured or removed/destroyed  <b>If you have additional trees, please list them on a separate sheet</b>	Non Hazardous Municipally Owned Tree		Privately Owned Significant Tree		Please note, private tree application <b>MUST</b> be accompanied by an <b>Arborist Report</b>  Total # of trees included in application	
	Tree Number	Check one Remove/ Destroy	Injure	Tree Number		Remove Shared/ Boundary
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
Please note, If the tree is a boundary/shared tree, written consent from the shared owner must be submitted with the permit application.						

<b>Municipal Trees</b> – details/reasons for request (Private tree removal details to be included in an Arborist Report)		Include diagram of location and attach sheet if more room is required
<b>Application Fee Calculation</b>		<b>Check/describe fee that applies</b>
Less than ten (10) trees	\$100.00	<input type="checkbox"/>
Ten (10) to one hundred (100) trees	\$150.00	<input type="checkbox"/>
More than one hundred (100) trees	\$250.00	<input type="checkbox"/>
Fee Exemptions	Permit fees are exempted for not-for-profit housing associations or dead, severely diseased or hazardous trees.	<input type="checkbox"/>
<b>Accepted Methods of Payment:</b> 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.		
<b>Authorization</b>		
<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, an officer may enter upon my lands at any reasonable time for the purpose of carrying out an inspection.		
Signature (owner or Applicant)	Print Name	Date (m,d,y)

**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 # 130-2017; All Approved Significant Private tree removals will be subject to additional fees as outlined in the Privet Tree Preservation Bylaw # 131-2017 All associated fees will be outlined by the Director if the permit is approved.

OFFICE USE ONLY		
Date Received:	Amount Paid:	Method of Payment:
Application form completely and accurately completed?	Y / N	Details:
Arborist report submitted and is satisfactory	Y / N / NR	Details:
Additional information required?	Y / N	Details:
Application Approved	Y / N	Explanation:
Fee Reimbursement	Y / N	Details:
Conditions:	Y / N	Details:
Print Name	Date	Signature

