

City of St. Thomas
 Forestry Division,
 Parks, Recreation and Property
 Management Department
 545 Talbot St., P.O.Box 520
 St. Thomas On, N5P 3V7
 Telephone: 519-631-1680 x 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
 or emailed to jtucker@stthomas.ca with credit card payment information ~ note Arborist reports must be included for Private
 Tree Permit application or they will not be accepted

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

TO BE COMPLETED BY APPLICANT AND OR OWNER

| Tree(s) Address | | * Required information | |
|--|------------------------|--------------------------|----------------------------|
| *Street No. | *Street Name | *City | Unit No. |
| Property Owner Information | | | |
| *Last Name | *First Name | | Mr. Mrs. Ms. |
| 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: | Same as above | Tenant | Arborist Contractor Other: |
| *Last Name | *First Name | | Mr. Mrs. Ms. |
| 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 |
| 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 Total # of trees included in application | |
| | Tree Number | Remove/destroy | Injure | Tree Number | Remove | | Shared/Boundary Tree |
| | 1 | | | 1 | | | |
| | 2 | | | 2 | | | |
| | 3 | | | 3 | | | |
| | 4 | | | 4 | | | |
| | 5 | | | 5 | | | |
| ~ 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 | | | | | |
| Ten (10) to one hundred (100) trees | | \$150.00 | | | | | |
| More than one hundred (100) trees | | \$250.00 | | | | | |
| Fee Exemptions | | Permit fees are exempted for not-for-profit housing associations or dead, severely diseased or hazardous trees. | | | | | |
| 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 | | | | | | | |
| 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 if Authorized) | | 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 may 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.

| Credit Card Information ~ Must be completed if submitting through email | | | | | | |
|---|------|-------------|--------------------------------|-------------------------------|--------------------------|--|
| Card Type: | Visa | Master Card | Amex | Name as shown on credit card: | | |
| Card Number: | | | Expiry: | | CVC Code: | |
| Signature: | | | Who do we make the receipt to? | | Same as above Other | |
| Receipt Recipient Name: | | | Email / Mail: | | | |