

## TOWN OF VIEW ROYAL Engineering & Parks Department 45 View Royal Avenue Victoria, BC V9B 1A6 Phone: (250)479-6800 Fax: (250)727-9551 Email: engineering@viewroyal.ca



Permit Application No. TP-\_\_\_\_\_

Civic Address(es):								
Property Type: Single Family Dwelling Multi-Family Dwelling Commercial Road Allowance  Development (if applicable): Approved DP/SUB/BP#								
Permit Requested (check all that apply)								
Removal	Pruning Work in Protected Root Zone							
Owner Information								
Names:								
Mailing Address:								
Email:	Tel:		Cell:					
Applicant Information if different than Owner (attach agent authorization form)								
Names:								
Mailing Address:								
Email: Tel:			Cell:					
Arborist/Tree Service Company Information								
Business Name:		Business Tel:						
Contact Person Name:		Arborist CSA #:						
Email:		Cell:						
Reason for Request (check all that apply)								
<ol> <li>Prune a Protected Tr</li> <li>Work within:         <ul> <li>Covenant, wate</li> <li>Protected Root</li> </ul> </li> </ol>	rcourse, slope	<ul> <li>Removal: <ul> <li>Emergency</li> <li>dead/dying/diseased/hazardous</li> <li>infrastructure damage</li> <li>construction/development</li> <li>covenant, watercourse, slope</li> </ul> </li> </ul>						

Property	y Access No	tes:					
Locked g	gate	Dog(s)	Te	enant	Othe	er:	
Trees to	be remove	d/altered as sh	own on	attached d	drawing (use a	a separate sheet if more	room needed)
Tree #		Species		DBH (cm) (diameter at 1. tree base)		Location (e.g. backyard)	Reason for Request (e.g. dead, dying, diseased)
Replace	ment Tree I	Plan as shown o	on attacl	hed drawin	ng (2 trees for ea	ach tree removed)	
Tree # Proposed Species			Location (e.g. backyard	a).			
					(e.g. Dackyon	1)	
							_
be re on the Protes Deve repla When	(s) must be to e Plan must emoved; prome property ection Bylaw elopment/concement tree re applicable	be included sho oposed species a species and loo of No. 1069, Sec. onstruction appli e plan.	ed with a owing pr and loca- cations; . 5.3.2 fo lications	a string/ribb roperty dim ations of rep type and I or more info must including ization forn	nensions, stru placement tre location of co prmation. de an arborist m, strata auti	ees; species and loo onstruction activiti t report/tree manage	\$100 fee for return visit). ecies and location of trees to cation of other existing trees es if appropriate. *see Tree gement plan, tree survey and
Owner,	/Agent Sigi	nature:					

Personal information collected on this form is collected for the purpose of processing this application and for administration and enforcement.

The personal information is collected under the authority of the Local Government Act and pursuant to Section 26 of the Freedom of Information and Protection of Privacy Act. If you have any questions about this collection, contact the FOI Coordinator at 250-479-6800, 45

View Royal Avenue, Victoria, BC, V9B 1A6.