



APPLICATION FOR TREE REMOVAL OR ALTERATION PERMIT

Please complete the following to help us process your application. This includes the written information on the front of this form and a **sketch of the property** where indicated. If more room is required, please attach additional pages to this application form).

Site Address: _____

Name of Applicant: _____

Phone Number of Applicant: Day _____ Night _____

Address of Applicant: _____

Name of Owner (if different from above): _____

Phone Number of Owner: Day _____ Night _____

Address of Owner: _____

Nature of proposed construction, if applicable: _____

Related Permit(s) if applicable: _____

Type and number of tree(s) proposed to be removed: _____

Diameter of tree(s) proposed to be removed (determined by dividing the circumference of the trunk, measured at 1.2 m above the ground, by 3.142):

Type of proposed replacement trees: _____

Reason for removal (please circle the one item below that best describes your situation)

1. Too close to foundation
2. Too close to garage
3. Dead or dying
4. Unattractive
5. Too large for size of property
6. Blocking sunlight
7. Attracting wildlife
8. Causing sidewalk problems
9. Leaves causing problems
10. Blocking site access
11. Affecting house value
12. Hazardous
13. Interfering with utility wires
14. Interfering with water/sewer/drains
15. Interfering with view
16. Other _____

Supplementary documents may be required in support of this application and may include:

- a copy of a State of Title Certificate, or a copy of a Certificate of Indefeasible Title, dated no more than thirty (30) days prior to submission of the application
- a report prepared by an I.S.A. Certified Arborist, at the applicant's expense.

As owner or owner's agent, I have verified that the information contained within this document and associated applications and plans is correct. I acknowledge that responsibility for bylaw compliance rests with the owner and the owner's employees, agents and contractors. I will indemnify and save harmless the Town of View Royal, its officials, employees and agents against claims, liabilities and expenses of every kind, in respect of anything done or not done pursuant to this application or fact sheet or ensuing permit, including negligence and/or failure to observe all bylaws, conditions, acts or regulations.

Date _____

Signature of Applicant _____

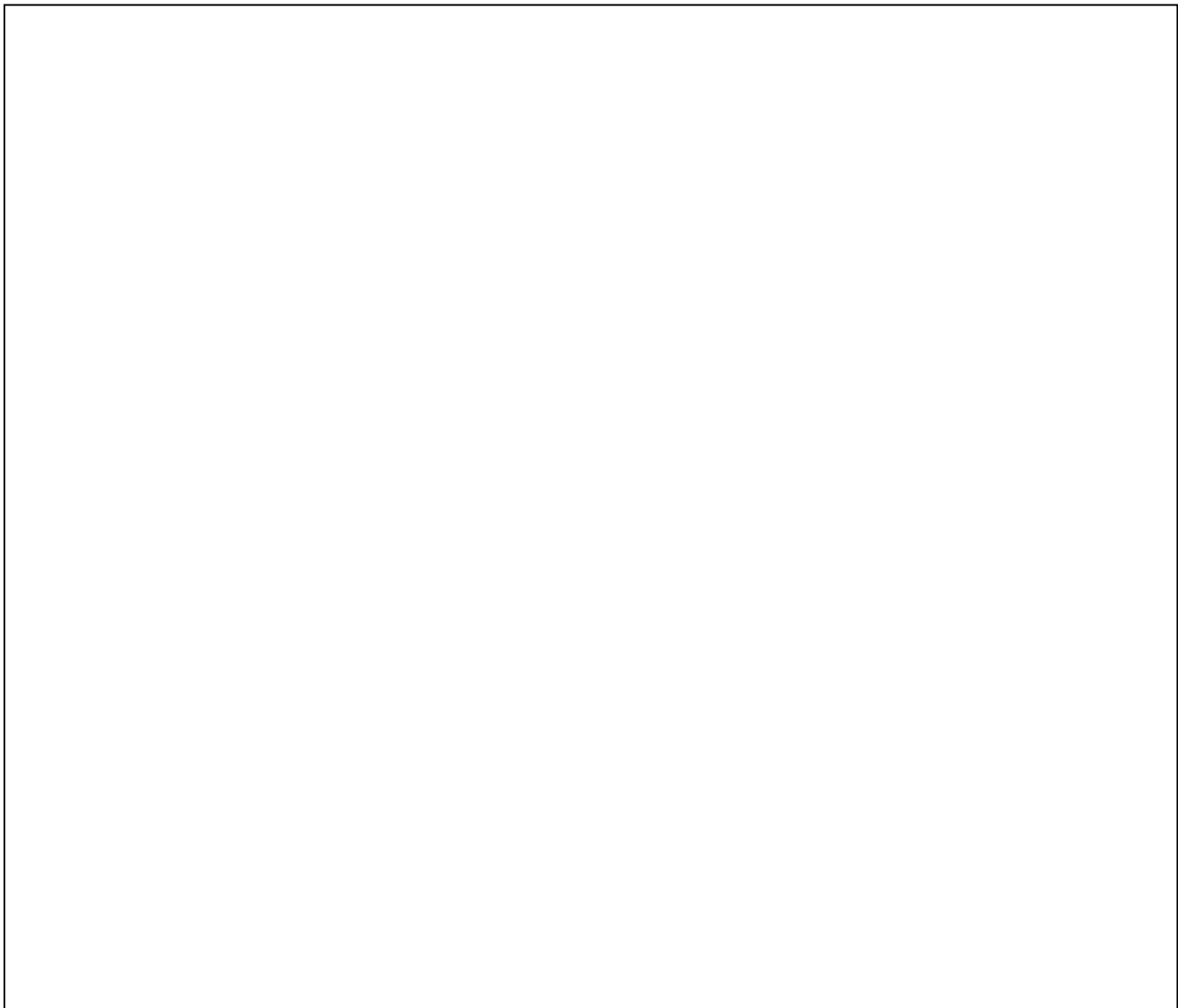
Signature of Owner _____

Property Sketch

Site Address: _____

Your property sketch must include:

- The dimensions of the property and location of the street(s)
- The location of the house and other buildings on the property
- The exact location and type of trees that you wish to remove
- The planting location and type of replacement tree
- The location and types of all other trees on the property
- The type and location of proposed construction activities, including accesses, if applicable



This information is collected by the Town of View Royal under the Local Government Act and the Freedom of Information and Protection of Privacy Act and will be used for the purpose of administering requests for tree removal or alteration. Should you have any questions about the collection of this personal information please contact the Director of Engineering, 45 View Royal Avenue, 250-479-6800, info@viewroyal.ca.

To ensure an accurate on-site inspection, please mark with string, ribbon or flag tape all trees that you propose to remove/alter.

FOR OFFICE USE ONLY

- | |
|--|
| <input type="checkbox"/> Application approved
<input type="checkbox"/> Application denied |
|--|

- Arborist report required**
- Title certificate required**
- Removal/Alteration**
- Pruning**
- Replanting Required**
- Removal/Alteration Complete**

Signature of Official: _____

Date: _____

- Replanting Complete**

Signature of Official: _____

Date: _____

Notes: _____

Forms and required documents duly completed, received.

Signature of Official: _____

Date: _____