



## Application to Permit the Injury or Destruction of Trees

### Registered Property Owner (Applicant) and Property Address (Tree Location)

APPLICANT NAME		Last Name		First Name	
PROPERTY ADDRESS:		Street No.		Street Name	
CITY:			PROVINCE:		POSTAL CODE:
EMAIL:		PHONE:			

### 2nd Applicant Name and Address (If any part of tree is located on adjacent property)

APPLICANT NAME		Last Name		First Name	
PROPERTY ADDRESS:		Street No.		Street Name	
CITY:			PROVINCE:		POSTAL CODE:
EMAIL:		PHONE:			

### Removal Request Rationale Details:

Arborist Information			
Tree Species	# of Trees	Diameter at 1.4 metres	Specify Action to be Taken

Is the tree diseased, dead or dying?	Yes	No
Is the tree structurally sound [safety]?	Yes	No
Is the tree located on a residential property?	Yes	No

**Arborist Signature**

**Company**

#### Office Use Only

Additional Arborist Report/Information Required?      Yes                      No

**Declaration of Applicant**

I \_\_\_\_\_ certify that:  
 \_\_\_\_\_  
 (print name)

I/we have read and understand the attached information sheet and I am/we are aware of the permit procedures required under the provisions of the Private Tree By-law. I/we hereby certify that the information and plans provided are correct and truly indicate my/our intentions respecting the proposed work. In submitting this application, I/we consent and agree to allow The City of Stratford employees to enter onto the property for the purposes of conducting any inspections required.

\_\_\_\_\_ Date \_\_\_\_\_ Signature of applicant

**Declaration of Adjacent Property Owner (if applicable)**

I \_\_\_\_\_ (print name) \_\_\_\_\_ (print address) certify that:

I/we have read and understand the attached information sheet and I am/we are aware of the permit procedures required under the provisions of the Private Tree By-law. I/we hereby consent to the injury or destruction of the tree(s) shown on the plan above and I/we hereby consent and agree to allow The City of Stratford employees to enter onto my/our property for the purposes of conducting any inspections required.

\_\_\_\_\_ Date \_\_\_\_\_ Signature of applicant

**Permit Application Fee Schedule**

Less than 10 Trees	\$100.00
More than 10 Trees	\$250.00
Not-for-profit housing Associations	\$0.00
Dead, Diseased or Hazardous Trees	\$0.00
Other, as set out in By-law: _____	\$0.00

<b>Size of Removal (Measured by DBH – Diameter at Breast Height)</b>	<b># of Replacements required</b>	<b>Cost of Replacements</b>
Up to 30 - 50cm at DBH	1	\$400.00
Up to 51 - 75cm at DBH	2	\$800.00
Up to 76 - 100cm at DBH	3	\$1200.00
Greater than 100cm at DBH	4	\$1600.00

<b>Permit Fee</b>	\$ _____
<b>Taxes [HST 1.13%]</b>	\$ _____
<b>Total Fee Owning</b>	\$ _____

\_\_\_\_\_  
 Signature of Applicant

\_\_\_\_\_  
 DATE


**Office Use Only**

\_\_\_\_\_  
Signature Community Services  
The City of Stratford

\_\_\_\_\_  
DATE

**Signature Validates Approved Permit**

**Office Use Only**

 **Permit Denied**  
**Reasoning:**

\_\_\_\_\_  
Signature Community Services  
The City of Stratford

\_\_\_\_\_  
DATE

**Detailed Sketch of Tree[s] for Requested Removal on Site:**

**Notice of Collection**

The personal information requested on this application form is collected by The Corporation of the City of Stratford under the authority of the *Municipal Act* and will be used for the purpose of reviewing the application to permit the injury or destruction of trees in the City. Questions about the collection and use of this information under the *Municipal Freedom of Information and Protection of Privacy Act* may be made to the City Clerk, P.O. Box 818, Stratford, Ontario, N5A 6W1 or by telephoning 271-0250, ext. 329.