Application to Permit Injury or Destruction of Trees on Private Property

Address (Subject Property)		
Street Number:	Street Name:	Unit Number:

Registered Property Owner (Subject Property) *		
Last Name:	First Name:	Phone Number:
Mailing Address:	City:	Postal Code:

Applicant Information (The Town will communicate with this person regarding this application) **

Applicant is: ☐Owner (same as above) ☐Agent ☐Arborist ☐Contractor ☐Other:_____

Last Name:	First Name:	Phone Number:
Mailing Address:	City:	Postal Code:

Owner's Authorization of the Applicant to Act on Their Behalf (If applicable)

I (owner):_____Authorize (applicant):_____
to act and sign on my behalf with respect to this application and the subject property as listed above.

Signature of Owner (or Authorized Signing Officer if Owner is a Company) Date

Additional Information

Existing Land Use(s):

Have you removed trees in the past year? ☐ YES ☐ NO	If YES how many trees were removed?

Are there currently any other development applications under review for the subject property? ☐ YES ☐ NO

If YES please provide the file numbers below.

Building Permit:	Pool Permit:
Erosion & Sediment Permit:	Other:

Are you planting replacement trees? ☐ YES ☐ NO	If YES, is a copy of the replanting plan attached? ☐ YES ☐ NO
Is there a conservation easement on the property? ☐ YES ☐ NO	Is there a tree preservation agreement for the property? ☐ YES ☐ NO

Fees

All fees are non-refundable. Submitting a permit application does not guarantee that a permit will be granted.

Dead, dying or hazardous trees	*Free (attach Arborist certificate)*
1 tree	*$150*
2 or more	*+ $50 for each additional tree to a maximum of $400*
Number of trees:	**Total Fee:**

Accepted methods of payment: Cash, Check, Visa, Master Card, Debit. Make all amounts payable to Town of Richmond Hill

Declaration

1. *I have submitted the non-refundable permit fee and have attached the proof of payment.*
2. *I have submitted a complete arborist report.*
3. *I certify that the statements made by me upon this questionnaire and declaration are, to the best of my belief and knowledge, a true and complete representation of my intentions.*
4. *I understand that I may be required to plant replacement trees.*
5. *I consent and agree to allow Town designated staff onto my property for the purpose of conducting inspections related to this application.*

Print Name:

Signature of Owner or Authorized Agent Date

Submit to Planning and Regulatory Services at the Municipal Office located at 225 East Beaver Creek Road, 8th floor.

Information collected on this form will be used to evaluate and process Permits to Injure or Destroy (a) tree(s).
For further information please contact the Manager of Parks Planning and Natural Heritage at 905-771-8800.

* The property owner is responsible for meeting all requirements set as conditions for obtaining a permit to injure or destroy (a) tree(s).

** It is the responsibility of the applicant to relay information to the property owner.

Internal Use Only	
Staff Initials	

Application to Permit Injury or Destruction of Trees on Private Property

Please provide a sketch of the subject property showing the location of trees.

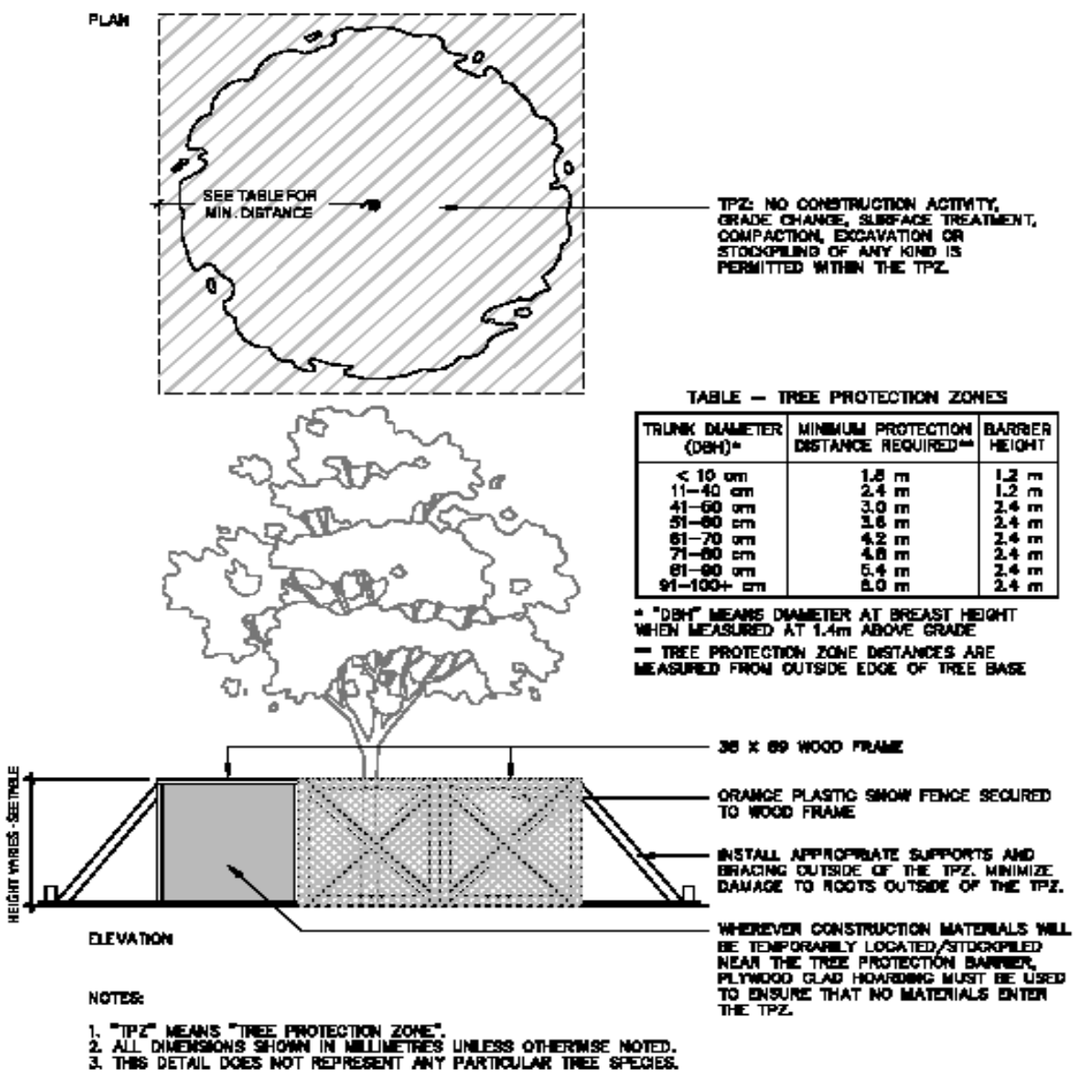

TABLE — TREE PROTECTION ZONES

TRUNK DIAMETER (DBH)*	MINIMUM PROTECTION DISTANCE REQUIRED**	BARRIER HEIGHT
< 10 cm	1.8 m	1.2 m
11–40 cm	2.4 m	1.2 m
41–50 cm	3.0 m	2.4 m
51–60 cm	3.6 m	2.4 m
61–70 cm	4.2 m	2.4 m
71–80 cm	4.8 m	2.4 m
81–90 cm	5.4 m	2.4 m
91–100+ cm	6.0 m	2.4 m

* "DBH" MEANS DIAMETER AT BREAST HEIGHT WHEN MEASURED AT 1.4m ABOVE GRADE

** TREE PROTECTION ZONE DISTANCES ARE MEASURED FROM OUTSIDE EDGE OF TREE BASE