



CORPORATION OF THE CITY OF VERNON
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Application for Cutting, Pruning, or Removal of Trees

PLEASE PRINT (TO BE FILLED OUT COMPLETELY BY APPLICANT)

Date of Application:
Project Address:
Legal Description:

OWNER	Name:	Phone:
	Address:	Fax:
	Postal Code:	E-mail:
OWNER'S AGENT	Name:	Phone:
	Address:	Fax:
	Postal Code:	E-mail:

Zoning of Subject Property:

Description of Trees Involved (please include a site plan showing tree locations):

Description of Action Proposed to be Taken:

Purpose of Action Proposed:

Replacement Trees (number, size, species, plan depicting location):

Applicant Name (Please Print Clearly): _____ Applicant's Signature: _____

For Office Use	Comments
Approved by:	
Approving Signature:	
Date Approved:	
Prospero No:	
Security Required:	
<i>Two copies required: 1. Office 2. Customer</i>	