



**CITY OF
Vernon**
COMMUNITY SERVICES BUILDING
3001 - 32 AVE, VERNON, B.C., V1T 2L8
PHONE: 250-550-3634 | FAX: 250-545-5309
BUILDINGCOUNTER@VERNON.CA

TREE REMOVAL OR CUTTING PERMIT APPLICATION FORM

OFFICE USE ONLY

Received Date:	My City Access Code:	Permit No:
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A. PROPERTY INFORMATION

Civic Address:

PID:	Zone:
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Is the proposed work within 30m of a watercourse (lake or stream)? If YES, the Riparian Areas Protection Regulation may apply.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Is this application linked to a development application? If YES, please provide the permit number:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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B. APPLICANT INFORMATION

Applicant Name:		Owner Name(s):	
Address:		Address:	
City:	Postal Code:	City:	Postal Code:
Phone:		Phone:	
Email:		Email:	

APPLICATION CONFIRMATION

By signing this application form I understand and accept all responsibility for tree removal, tree replacement and tree maintenance requirements as outlined in the Tree Protection Bylaw and commit to the conditions outlined in the Tree Cutting Permit. I confirm all required information has been provided and that the statements made are true and correct. I further confirm that the work performed under this permit shall be limited to the property described above and done in accordance with all applicable municipal, provincial, and federal regulations. I understand that this permit does not waive any provincial or federal requirements and tree cutting must comply with bird nesting windows as identified in provincial and federal legislation including the Wildlife Act, Species at Risk Act, and Migratory Birds Regulations.

Applicant Signature: _____ Date: _____

By signing below, I/we authorize the applicant to act as my/our agent and apply for this permit on my/our behalf and authorize their access to information regarding the subject property.

Owner Signature(s): _____ Date: _____

C. QUALIFIED PROFESSIONAL ARBORIST INFORMATION (IF APPLICABLE)	
Contact Name:	Certification Type:
Company Name:	Certification Number:
Phone:	Email:

D. TREE REMOVAL INFORMATION	
Number of Trees Proposed for Removal:	
Size (Trunk Diameter at 1 m Above Ground):	Species:
Reason for Removal: <i>Has pruning and/or regular maintenance have been pursued? Consider if the removal will cause adverse effects such as danger of flooding, erosion, land slip, or watercourse contamination.</i>	

E. TREE REPLACEMENT INFORMATION	
Number of Replacement Trees: <i>See the Tree Protection Bylaw for minimum requirements.</i>	
Size (Trunk Diameter at 1 m Above Ground):	Species:
Description of Proposed Replacement Trees: <i>Trees removed must be replaced with a like size and species, Replacement trees do not need to be in the exact location where tree removal is proposed, but must be planted within the subject property.</i>	
Replanting timeline:	

F. APPLICATION FORM CHECKLIST	
<input type="checkbox"/>	Site Plan (survey plan or aerial map) including: <ul style="list-style-type: none"> • Legal boundaries, easements or right-of-ways, and property dimensions drawn to scale; • Building, structures, other hard surfaces, utilities and infrastructure; • Directional arrow showing north; • The location of any significant environmental features (i.e. stream, steep slopes); • The location of trees proposed to be removed and associated replacement plantings.
<input type="checkbox"/>	Completed application form signed by all applicable agents and owners
<input type="checkbox"/>	Supporting rationale (if required): <ul style="list-style-type: none"> • Pictures showing tree(s) proposed for removal • Report prepared by a qualified professional clarifying necessity of tree removal

Personal information collected on this form is in accordance with the Freedom of Information and Protection of Privacy Act for permitting purposes only. For questions regarding the collection, use and disclosure of this information, please contact the Records Coordinator at foirequest@vernon.ca or by calling 250-545-1361.