



CORPORATION OF THE CITY OF VERNON
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CUTTING, PRUNING OR REMOVAL OF TREES APPLICATION

| PLEASE PRINT (TO BE FILLED OUT COMPLETELY BY APPLICANT) | | |
|---|--|--------|
| DATE OF APPLICATION: | | |
| PROJECT CIVIC ADDRESS: | | |
| PID: | FOLIO #: | |
| ZONING: | | |
| OWNER: | NAME: | PHONE: |
| | ADDRESS: | EMAIL: |
| | POSTAL CODE: | CELL: |
| OWNER'S AGENT: | NAME: | PHONE: |
| | ADDRESS: | EMAIL: |
| | POSTAL CODE: | CELL: |
| Is the proposed work within 30m of a water course: <input type="checkbox"/> YES <input type="checkbox"/> NO (check one) | | |
| Description of proposed work (purpose of removal, number, species and size of trees proposed for removal): | | |
| | | |
| Description of proposed replacement trees (number, species and size of proposed replacements): | | |
| | | |
| | | |
| | | |
| *** PLEASE ATTACH A SITE PLAN IDENTIFYING THE FOLLOWING: | | |
| • Property location | • Location and species of replacement trees | |
| • Location of existing vegetation | • Location of any significant environmental features | |
| • Location of tree(s) proposed for removal | | |

Applicant Name: _____ **Applicant Signature:** _____
 (Please Print Clearly)

| FOR OFFICE USE | |
|---------------------------------------|-------------------------|
| APPROVED BY: | PERMIT # TRE _____ |
| SIGNATURE: | |
| DATE: | |
| COMMENTS & CONDITIONS: (SEE ATTACHED) | PROJECT #: PRJ _____ |
| | |
| | |

Personal information contained on this form is collected under the Freedom of Information and Protection of Privacy Act and will be used only for the purposes of responding to your request.