DISTRICT OF PORT HARDY
APPLICATION FOR TREE CUTTING PERMIT

Date of Application: _____

SUBJECT PROPERTY WHERE TREES ARE LOCATED

Civic Address: _____   Roll Number: _____

Legal Description: _____

DETAILS OF APPLICANT

Owner(s) name: _____

Owner(s) address: _____

Owner(s) phone: _____   Fax: _____

Agent (s) name: _____

Agent (s) address: _____

Agent(s) phone: _____   Fax: _____

TREE CUTTING PROPOSAL

Zoning: _____ Existing Use: _____ Number of trees to be cut: _____

Purpose for cutting trees: _____

_____

_____

PERMIT FEES: 1 - 10 trees = $25.00   11-20 trees = $50.00   21 or more trees= $100.00

PERMIT FEES: $_____   RECEIPT NUMBER: _____   RECEIVED BY: _____

PROOF OF INSURANCE RECEIVED: Amount $_____   Copy attached: _____

PLAN OF AREA ATTACHED: Yes/No

PURSUANT TO THE DISTRICT OF PORT HARDY TREE PROTECTION BYLAW 25-2005, AND SUBJECT TO THE FOLLOWING CONDITIONS:

1)   This permit authorizes the Permittee to cut down trees or cause trees to be cut down only in strict accordance with this Permit and any plans forming part of this Permit.

2)   The Administrator may revoke this Tree Cutting Permit and order immediate suspension of tree cutting authorized by this Permit, when a person has acted contrary to the District of Port Hardy Tree Protection Bylaw No. 24-2005.

3)   This permit is valid only for six (6) months after the date of issuance.

4)   This Permit shall be made available for inspection at the time and location of the tree cutting.

This permit is issued on the _____ day of _____, 20___.

Authorized by:

_____   _____
Administrator or Designate   Applicant

Copy to: Applicant, Subject Property PF, Operational Services Foreman