

Parks office 1151 Esquimalt Rd Victoria, BC V9A 3N6 Hours: Monday to Friday 7:00-3:00pm

Tree Permit Application Form =				
Permit type (select all that apply):				
□ Removal□ Pruning□ Work in Protected Root Zone (PRZ)				

Site Address of Tree(s):	Application Date:
Applicant Information	
Name of Applicant:	
	Email:
Owner Information (If dif	
Name of Applicant:	
	Email:
Site Information	
Is there an approved Build Is the tree accessible (eg Is the property rented? representative will be entered book the tree have shared removal permit, please property is the tree identified (eg, for Have you informed your not be the sexempted, the approved is the tree identified (eg, for the tree identified your not be the sexempted, the approved is the tree identified (eg, for the sexempted).	discape Plan? yes no unknown ding Permit? yes no if yes, Building permit # locked gate)? yes no yes no If yes, please ensure that the tenant is notified that a Municipal ering the property. downership (straddling property line)? yes no possibly if yes and it is for a civide a letter of consent from the other owner(s). agging tape or ribbon)? yes no eighbours of this application? yes no oplicant must supply the following with their application form:
The following information from the lot:	is attached to demonstrate the need to cut, prune or remove any protected tree(s)
•	attach a sketch or an aerial map markup of site plan showing the location of tree(s) sponding with the table on page 2.
For All Development F	Related Applications:
	Report (in accordance with Tree Protection Bylaw) Plan and Tree Survey (in accordance with Tree Protection Bylaw)

□ Rep	lacement Tree Plan <i>if replace</i> .	ment trees	are proposed (in accordan	ce with the Tree Protection		
Byla	w)			ratercourse or on a slope with		
	les >33% over 10 m (in accord					
Tree#	Species (if unknown, describe)	DBH* (cm)	Location (eg. Backyard, southeast)	Reason for Removal, Pruning, or Work in PRZ		
space, p	Diameter at Breast height, mo blease attach a list of trees se nent report is attached.			ade. Note: If you require more be completed if a tree		
Please	note : Tree removal could be s	subject to t	ree replacement costs			
Tree Pe	rmit Application forms and	applicable	attachments can be sub	mitted:		
 Email <u>trees@esquimalt.ca</u> In person at Esquimalt Recreation Centre 527 Fraser St 						
Importa	int					
Please be advised this document is subject to the <i>Freedom of Information and Protection of Privacy Act</i> and access can be requested. Completion of this application form does not guarantee approval of a Tree Permit.						
	olicant hereby acknowledges this application, as deemed no		• •	nal information in order to		
of Privace pursuant above-de may be s inspection information	ey Act and will be used for the to Municipal bylaws. In provi	purpose of ding this in s that all th hip departn ation. If yo hip of Esqu	f assessing the Applicant's formation, the Applicant ha e information provided her nents and related agencies u have any questions abou	s consented to its use for the ein is correct. This information for the purpose of required at the collection or use of this		
By submitting this application, you are agreeing to pay the Township all necessary fees and security deposits in accordance with your application. Should your Tree Permit be approved, it will not be issued until the Township receives payment for all fees and securities payable.						
The Applicant hereby acknowledges that responsibility for ensuring bylaw compliance rests with the owner, the owner's employees, agents and contractors, and that responsibility for ensuring bylaw compliance for each includes responsibility for ensuring all those below him or her comply with the Township Bylaws.						
and age	nts against claims, liabilities a	and expens	es of every kind, in respec	uimalt, its officials, employees t of anything done or not done failure to observe all bylaws,		
	olicant hereby authorizes entry ntatives for the purpose of Tre			Township of Esquimalt		
Owner S	Signature	 Name		 Date		