



# Application to Permit the Injury or Destruction of

## Registered Property Owner (Applicant) and Property Address (Tree Location)

|                   |            |             |  |              |
|-------------------|------------|-------------|--|--------------|
| APPLICANT NAME    | Last Name  | First Name  |  |              |
| PROPERTY ADDRESS: | Street No. | Street Name |  |              |
| CITY:             |            | PROVINCE:   |  | POSTAL CODE: |
| EMAIL:            |            | PHONE:      |  |              |

## 2nd Applicant Name and Address (If any part of tree is located on adjacent property)

|                   |            |             |  |              |
|-------------------|------------|-------------|--|--------------|
| APPLICANT NAME    | Last Name  | First Name  |  |              |
| PROPERTY ADDRESS: | Street No. | Street Name |  |              |
| CITY:             |            | PROVINCE:   |  | POSTAL CODE: |
| EMAIL:            |            | PHONE:      |  |              |

### Removal Request Rationale Details:

### Arborist Information

| Tree Species | # of Trees | Diameter at 1.4 metres | Specify Action to be Taken |
|--------------|------------|------------------------|----------------------------|
|              |            |                        |                            |
|              |            |                        |                            |
|              |            |                        |                            |
|              |            |                        |                            |

|  |     |    |
|--|-----|----|
| Is the tree diseased, dead or dying?           | Yes | No |
| Is the tree structurally sound [safety]?       | Yes | No |
| Is the tree located on a residential property? | Yes | No |

Arborist Signature

Company

#### Office Use Only

Additional Arborist Report/Information Required?      Yes                      No



**Declaration of Applicant**

I \_\_\_\_\_ certify that:  
 \_\_\_\_\_  
 (print name)

I/we have read and understand the attached information sheet and I am/we are aware of the permit procedures required under the provisions of the Private Tree By-law. I/we hereby certify that the information and plans provided are correct and truly indicate my/our intentions respecting the proposed work. In submitting this application, I/we consent and agree to allow The City of Stratford employees to enter onto the property for the purposes of conducting any inspections required.

\_\_\_\_\_ Date \_\_\_\_\_ Signature of applicant

**Declaration of Adjacent Property Owner (if applicable)**

I \_\_\_\_\_ (print name) \_\_\_\_\_ (print address) certify that:

I/we have read and understand the attached information sheet and I am/we are aware of the permit procedures required under the provisions of the Private Tree By-law. I/we hereby consent to the injury or destruction of the tree(s) shown on the plan above and I/we hereby consent and agree to allow The City of Stratford employees to enter onto my/our property for the purposes of conducting any inspections required.

\_\_\_\_\_ Date \_\_\_\_\_ Signature of applicant

**Permit Application Fee Schedule**

|                                     |          |
|-------------------------------------|----------|
| Less than 10 Trees                  | \$100.00 |
| More than 10 Trees                  | \$250.00 |
| Not-for-profit housing Associations | \$0.00   |
| Dead, Diseased or Hazardous Trees   | \$0.00   |
| Other, as set out in By-law: _____  | \$0.00   |

| Size of Removal<br>(Measured by DBH – Diameter at Breast Height) | # of Replacements required | Cost of Replacements |
|--|----------------------------|----------------------|
| Up to 30 - 50cm at DBH   | 1                          | \$400.00             |
| Up to 51 - 75cm at DBH   | 2                          | \$800.00             |
| Up to 76 - 100cm at DBH  | 3                          | \$1200.00            |
| Greater than 100cm at DBH  | 4                          | \$1600.00            |

|                          |          |
|--------------------------|----------|
| <b>Permit Fee</b>        | \$ _____ |
| <b>Taxes [HST 1.13%]</b> | \$ _____ |
| <b>Total Fee Owning</b>  | \$ _____ |

Payment by cheque made to **The City of Stratford** at 4 Avondale Avenue [Cemetery Office].

Payment by credit card may be completed over the telephone call 519-271-0250 Ext. 244.

Permits can be emailed to [gmalott@stratford.ca](mailto:gmalott@stratford.ca).

City of Stratford website [www.stratford.ca](http://www.stratford.ca).

**Office Use Only**

\_\_\_\_\_  
Signature Community Services  
The City of Stratford

\_\_\_\_\_  
DATE

**Signature Validates Approved Permit**

**Office Use Only**

 **Permit Denied**  
**Reasoning:**

\_\_\_\_\_  
Signature Community Services  
The City of Stratford

\_\_\_\_\_  
DATE

**Detailed Sketch of Tree[s] for Requested Removal on Site:**