

CITY OF PORT COLBORNE

Municipal Offices 66 Charlotte Street Port Colborne, Ontario L3K 3C8 www.portcolborne.ca

APPLICATION FOR TREE REMOVAL

Review Completed by: Authorized Signature								_Date			
Revie	w Comple	eted by	۸.					Da	ate		
mment	·										
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Form Complete Owner of property			☐ Municipal Consent Required						\$5 Million Liability Insurance		
Form Co	mnlete			☐ Q#	e Plan compl	ete			Status of Tree confirmed		
OFFI	CE USE	ONLY	Y								
	Signature										
ner							Da	te			
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e Rem	oval shal	l be co	u amc	leted wit	thin 30 da	ys from t	he date o	⊥ of a	approval, unless an		
Site PI	an Attached	d						T			
SITE	PI AN		•								
Type of Removal:				[] branches/trimming [] partial removal [] full removal incl stump							
Removal:			[] other								
Reason for				[] dead [] decayed [] damaged [] diseased [] visibility issue							
_											
Phone Number:											
Address	S:										
Name:											
	Address Phone Mail A Location Address Species Reason Remova Type of Remova SITE Site Plane e Rem horized form Co Owner of	Address: Phone Number: Email Address: Location of Tree: Address: Species of Tree: Reason for Removal: Type of Removal: SITE PLAN Site Plan Attached Plan Attached Signature OFFICE USE Form Complete Owner of property Omments:	Address: Phone Number: Email Address: Location of Tree: Address: Species of Tree: Reason for Removal: Type of Removal: SITE PLAN Site Plan Attached e Removal shall be cohorized extension has nerSignature OFFICE USE ONL' form Complete Owner of property	Address: Phone Number: Email Address: Location of Tree: Address: Species of Tree: Reason for Removal: SITE PLAN Site Plan Attached Be Removal shall be comphorized extension has been been been complete Owner of property Signature OFFICE USE ONLY	Address: Phone Number: Email Address: Location of Tree: Address: Species of Tree: Reason for Removal: SITE PLAN Site Plan Attached e Removal shall be completed withorized extension has been grant mer	Address: Phone Number: Email Address: Location of Tree: Address: Species of Tree: Reason for [] dead [] decayed [] other Type of [] branches/trimming Removal: SITE PLAN Site Plan Attached e Removal shall be completed within 30 da horized extension has been granted in writiner Signature OFFICE USE ONLY Site Plan complete Owner of property Municipal Consumers:	Address: Phone Number: Email Address: Location of Tree: Address: Species of Tree: Reason for Removal: Type of Removal: SITE PLAN Site Plan Attached e Removal shall be completed within 30 days from thorized extension has been granted in writing. Per Signature OFFICE USE ONLY Municipal Consent Required or single particular to the site of the site	Address: Phone Number: Email Address: Location of Tree: Address: Species of Tree: Reason for Removal: I j dead [] decayed [] damaged [] dis [] other Type of Removal: SITE PLAN Site Plan Attached e Removal shall be completed within 30 days from the date of thorized extension has been granted in writing. Date of Signature OFFICE USE ONLY Site Plan complete Municipal Consent Required Municipal Consent Required	Address: Phone Number: Email Address: Location of Tree: Address: Species of Tree: Reason for Removal: [] dead [] decayed [] damaged [] disear		