



CITY OF PORT COLBORNE

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

APPLICATION FOR TREE REMOVAL

<input type="checkbox"/>	Owner	
	Name:	
	Address:	
	Phone Number:	
	Email Address:	
<input type="checkbox"/>	Location of Tree:	
	Address:	
	Species of Tree:	
	Reason for Removal:	[] dead [] decayed [] damaged [] diseased [] visibility issue [] other
	Type of Removal:	[] branches/trimming [] partial removal [] full removal incl stump

SITE PLAN

Site Plan Attached

Tree Removal shall be completed within 30 days from the date of approval, unless an authorized extension has been granted in writing.

Owner _____ Date _____
 Signature

OFFICE USE ONLY

- Form Complete
- Site Plan complete
- Status of Tree confirmed
- Owner of property
- Municipal Consent Required
- \$5 Million Liability Insurance

Comments:

Review Completed by: _____ Date _____
 Authorized Signature