



# Tree Cutting Permit Application

Office use only:	
Application No.	
Received:	

Property owner information (please print):	
Property Owner:	
Mailing Address:	
City/Town, Province:	
Postal Code:	Day Phone:
Email:	Fax:
<b>As the registered owner of the property (or properties) listed below, I hereby authorize this application.</b>	
_____	_____
Owner signature	Date

**ALL REGISTERED PROPERTY OWNERS MUST SIGN THE APPLICATION.**

Please check (✓) if there is more than one property owner. If yes (✓) please list separately on page 3.

Authorized Agent information (please print):	
Authorized Agent:	
Mailing Address:	
City/Town, Province:	
Postal Code:	Day Phone:
Email:	Fax:

Description of property (or properties) included in this application (use separate sheet if necessary):						
District Lot:	Plan:	Block:	Lot:	PID:	Zoning:	
District Lot:	Plan:	Block:	Lot:	PID:	Zoning:	
District Lot:	Plan:	Block:	Lot:	PID:	Zoning:	
Civic Address (or general location):						

Tree Cutting Information (use separate sheet if necessary):		
Provide a detailed account of the number, type and size of trees to be cut:		
Number:	Species:	Height (m):

Office use only:	
Title checked by:	
On:	

**Development Information:**

Provide a detailed description of the location where tree cutting is proposed, including location relative to other identifiable features:

Three empty horizontal lines for providing a detailed description of the location.

Is the proposed tree cutting intended to precede any construction or alteration of land?

DPA Check:

**Attendance at Advisory Planning Commission meeting:**

In accordance with the *Local Government Act*, this application may be forwarded to the Advisory Planning Commission (APC) for review. If so, the APC will make a recommendation on the application to the Sunshine Coast Regional District Board or Manager of Planning & Development. An owner and/or their agent may attend and be heard at the APC meeting. Please check (✓) below if you and/or your agent wish to attend this meeting:

- Owner will attend APC meeting
- Agent will attend APC meeting
- Both owner and agent will attend APC meeting

Office use only:	
Referral Required: Yes / No	
APC:	
Meeting Date:	

**Applicant Declaration:**

*I/we acknowledge that the Sunshine Coast Regional District, and its officers and employees, have not made any representation as to the property uses permitted if this application is successful. I/We believe to the best of my/our knowledge, based on my/our independent review, that this tree cutting permit application is consistent with the intended use of the property (or properties) listed in this application.*

*I/we am/are aware that, regardless of discussions with or representations by Sunshine Coast Regional District officials or employees, payment of the application fee does not guarantee or constitute approval of the tree cutting permit and that the application may not proceed for a variety of reasons.*

*I/we declare that all statements made on this application, and all statements made in support of this application, are true. I/we agree to comply with all provisions of the respective zoning bylaw, official community plan and any other applicable provincial legislation.*

\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
Date

The personal information you provide on this form is being collected under the authority of Section 895 of the *Local Government Act* and Section 32 of the *Freedom of Information and Protection of Privacy Act*. This information will be used to determine eligibility for a tree cutting permit and for enforcement of applicable laws. This information may be circulated to persons or authorities as necessary for the review process. Your personal information is protected by the privacy provisions of the *Freedom of Information and Protection of Privacy Act*. If you have any questions about the collection of this information please contact the Information and Privacy Coordinator, 1975 Field Road Sechelt, British Columbia, V0N 3A1, (604) 885-2261.

**Required Documentation:**

**Please check (✓) below. In order to be processed, an application for tree cutting permit must be accompanied by the following:**

- A scaled and dimensioned site plan identifying the number and location of trees proposed to be cut.
- A report prepared by a certified arborist or registered professional forester, which assesses the number, location, size, type and condition of tree(s) proposed to be cut and provides a recommendation on any tree replacement.
- A report prepared by a professional engineer having experience in geotechnical engineering or hydrology, which assesses the proposed tree cutting, as reported by a certified arborist or registered professional forester, and certifies that the proposed tree cutting will not create a danger from flooding and erosion.
- A copy of a state of title certificate, or a copy of a Land Title Search providing proof of ownership dated no more than 30 days prior to the date of application.
- Fee in the amount of \$\_\_\_\_\_ made payable to Sunshine Coast Regional District (see fee schedule).

Office use only:

Fee Receipt No.

**NOTE:** Depending on the scale and location of the proposed tree removal, additional information may be required to properly evaluate the application. Prior to submitting an application, it is recommended that you consult with Planning & Development staff on information required pursuant to the *Planning & Development Procedures and Fees Bylaw*. Additional information may include, but is not limited to, the following:

- A current BC Land Surveyor's survey certificate or real property report.

<b>Additional property owner information (please print):</b>
2 <sup>nd</sup> Property Owner:
Mailing Address:
City/Town, Province:
Postal Code:

*As the registered owner of the property (or properties) listed above, I hereby authorize this application.*

\_\_\_\_\_

Owner signature \_\_\_\_\_ Date \_\_\_\_\_

<b>Additional property owner information (please print):</b>
3 <sup>rd</sup> Property Owner:
Mailing Address:
City/Town, Province:
Postal Code:

*As the registered owner of the property (or properties) listed above, I hereby authorize this application.*

\_\_\_\_\_

Owner signature \_\_\_\_\_ Date \_\_\_\_\_

<b>Additional property owner information (please print):</b>
4 <sup>th</sup> Property Owner:
Mailing Address:
City/Town, Province:
Postal Code:

*As the registered owner of the property (or properties) listed above, I hereby authorize this application.*

\_\_\_\_\_

Owner signature \_\_\_\_\_ Date \_\_\_\_\_

<b>Additional property owner information (please print):</b>
5 <sup>th</sup> Property Owner:
Mailing Address:
City/Town, Province:
Postal Code:

*As the registered owner of the property (or properties) listed above, I hereby authorize this application.*

\_\_\_\_\_

Owner signature \_\_\_\_\_ Date \_\_\_\_\_

*(use separate sheet if necessary)*