PLANNING & D EVE L O PM EN T SER V I C E S 750 17th Street West Vancouver BC V7V 3T3 t: 604-925-7040



Foreshore Or Watercourse Protection Area Tree Cutting Permit Application (Permit expires 1 year after issuance)

| ee (Non-Refundable): \$310.00 for pruning or removal of one tree plus \$100 for each additional tree removal | | | |
|--|--|--|--|
| ddress: Application Date: | | | |
| REES: Number, type, and size (DBH) Number of tree(s) (to be removed) and/orNumber of tree(s) (to be prunction of tree(s) Diameter size of tree(s) | | | |
| 10 cm or greater at 1.4 m above grade in a watercourse protection area (within 15 m of the top of bank of a watercourse) | | | |
| 10 cm or greater at 1.4 m above grade in a foreshore protection area (within 15 m of the natural boundary or high tide mark of the ocean) | | | |
| pplication to remove or work on a protected tree must include the following items: (1) Arborist Report (see Section 8.2 of the Tree Bylaw for reporting requirements) (2) Registered BC Land Survey (if available) to confirm location and size of the tree (if the location of the tree is unknown relative to property lines) (3) Overhead photo/map of the location of the tree(s) the applicant the registered owner? □Yes □No | | | |
| pplicant's Name (Please Print) Applicant's signature | | | |
| 'No" Owner declares: | | | |
| We,ofOwner's name Owner's address | | | |
| wner's email: Tel.: | | | |
| wner's signature:I/We, confirm the appointment of the ontractor listed below who is authorized to act on my behalf for this application. | | | |

*If the registered owner is not the person applying for the permit or on a property with joint ownership, a Letter of Authorization with the Registered Owner's signature is required. For trees located between properties or on a property line, a Letter of Authorization is required with the Registered Owner's signature from the neighbouring property.

PLANNING & D EVE L O PM EN T SER V I C E S 750 17th Street West Vancouver BC V7V 3T3 t: 604-925-7040



| Tree | | |
|-------------|--|--|
| Company / | | |
| Contractor: | | |
| | | |
| Email: | | |
| | | |
| Phone No.: | | |