

Tree Removal Permit Application

Site Address:			
Property Owner: *If the applicant is not the owner, an owner authorization form shall need to be attached			
Work #: Cell #			
Name of Arborist:	Email:		
Address:	Cell #:	Work #:	
10% shall be maintained.	Dead or dangerous tree:	han less than 0.5 ac	res where a minimum of
• • • • • • • • • • • • • • • • • • • •	y to check for any underground s for additional requirements, Tre		• , , ,
I hereby certify that the above informat	ion is accurate.		
Applicants Signature:	Γ)ate:	
For Village of Anmore Use Only			
Permit Fee: \$	Bond \$		

E: village.hall@anmore.com

T: 604-469-9877 <u>www.anmore.com</u>

Please include the following required attachments with your Tree Removal Permit application, as required. Additional information may be required to process this application.

See S.14 Application Anmore Tree Management Bylaw No. 587-2018.

Proposed dates and hours for on-site works and tree removal, and anticipated completion dates for replanting.

Survey plan, to scale, showing all legal boundaries of the subject land, names of abutting highways, including all streets and lanes, easements, rights-of-ways, location of above-ground and underground services, and any existing buildings and structures.

Description of predominant species, approximate age, size, condition, location, and number of Trees within the subject land.

Arborist Report:

- Tree Removal Plan, complete with map locating all Trees and Vegetation proposed to be removed.
- Tree Retention Plan.
- Tree Replanting Plan, complete with a map identifying locations, species, and DBH of proposed Replacement Trees, and showing the replanting of two (2) or more Replacement Trees for each one (1) tree removed from the land.

