



Application to Permit the Injury or Destruction of Trees

Registered Property Owner (Applicant) and Property Address (Tree Location)					
APPLICANT NAME	Last Name		First Name		
PROPERTY ADDRESS:	Street Number		Street Name		
CITY:		PROVINCE:		POSTAL CODE:	
EMAIL:		PHONE:			
2nd Applicant Name and Address (If any part of tree is located on adjacent property)					
APPLICANT NAME	Last Name		First Name		
PROPERTY ADDRESS:	Street Number		Street Name		
CITY:		PROVINCE:		POSTAL CODE:	
EMAIL:		PHONE:			

Removal Request Rationale Details:

Detailed Sketch of Tree[s] for Requested Removal on Site:

Declaration of Applicant

I _____ certify that:
(print name)

I/we have read and understand the attached information sheet and I am/we are aware of the permit procedures required under the provisions of the Private Tree By-law. I/we hereby certify that the information and plans provided are correct and truly indicate my/our intentions respecting the proposed work. In submitting this application, I/we consent and agree to allow The City of Stratford employees to enter onto the property for the purposes of conducting any inspections required.

_____ Date

_____ Signature of applicant

Declaration of Adjacent Property Owner (if applicable)

I _____ certify that:
 (print name and print address)

I/we have read and understand the attached information sheet and I am/we are aware of the permit procedures required under the provisions of the Private Tree By-law. I/we hereby consent to the injury or destruction of the tree(s) shown on the plan above and I/we hereby consent and agree to allow The City of Stratford employees to enter onto my/our property for the purposes of conducting any inspections required.

_____ Date _____ Signature of applicant

Arborist Information					
Tree Species	Diameter at 1.4 metres	Specify Action to be Taken	Is the tree diseased, dead or dying?	Is the tree structurally sound [safety]?	Is the tree located on residential property?

_____ **Arborist Signature** _____ **Company**

Office Use Only		
Additional Arborist Report/Information Required?	Yes	No

Permit Application Fee Schedule	
Less than 10 Trees	\$100.00
More than 10 Trees	\$250.00
Not-for-profit housing Associations	\$0.00
Dead, Diseased or Hazardous Trees	\$0.00
Other, as set out in By-law: _____	\$0.00

Size of Removal (Measured by DBH – Diameter at Breast Height)	Number of Replacements required	Cost of Replacements
Up to 30 - 50cm at DBH	1	\$400.00
Up to 51 - 75cm at DBH	2	\$800.00
Up to 76 - 100cm at DBH	3	\$1200.00
Greater than 100cm at DBH	4	\$1600.00

Permit Fee \$ _____

Taxes [HST 13%] \$ _____

Total Fee Owning \$ _____

Payment by cheque made to **The City of Stratford** at 4 Avondale Avenue [Cemetery Office].
 Payment by credit card may be completed over the telephone call 519-271-0250 Ext. 244.
 Permits can be emailed to gmalott@stratford.ca.
 City of Stratford website www.stratford.ca.

Office Use Only

 Signature Community Services
 The City of Stratford

 DATE

Signature Validates Approved Permit

Office Use Only

Permit Denied Reasoning:

 Signature Community Services
 The City of Stratford

 DATE

Notice of Collection

The personal information requested on this application form is collected by The Corporation of the City of Stratford under the authority of the Municipal Act and will be used for the purpose of reviewing the application to permit the injury or destruction of trees in the City. Questions about the collection and use of this information under the Municipal Freedom of Information and Protection of Privacy Act may be made to the City Clerk, P.O. Box 818, Stratford, Ontario, N5A 6W1 or by telephoning 519-271-0250, ext. 329.