



Village of Port Alice
Application for Tree Cutting Permit

Date of Application: _____

Subject property where trees are located

Civic Address: _____ Roll Number: _____

Legal Description: _____

Details of Applicant

Owner(s) name: _____

Owner(s) address: _____

Owner(s) phone: _____ Email: _____

Agent(s) name: _____

Agent(s) address: _____

Agent(s) phone: _____ Email: _____

Tree Cutting Proposal

Zoning: _____ Existing Use: _____ Number of trees to be cut: _____

Purpose for cutting trees: _____

Permit Fees \$50 per tree

Permit fees: \$ _____ Receipt Number: _____ Received by: _____

Proof of Insurance Received: Amount: _____ Copy attached: _____

Plan of area attached: Yes \ No Safety plan attached: _____

Pursuant to the Village of Port Alice Tree Protection Bylaw 561, and subject to the following conditions:

1 This permit authorizes the Permittee to cut down trees or cause trees to be cut down only in strict accordance with this Permit and any plans forming part of this Permit.

The Chief Administrative Officer may revoke this Tree Cutting Permit and order immediate suspension of tree cutting authorized by the Permit, when a person has acted contrary to the Village of Port Alice Tree Protection Bylaw 561.

3 This Permit is valid for one (1) year after the date of issuance.

4 This Permit shall be made available for inspection at the time and location of the tree cutting.

This Permit is issued on the _____ day of _____, 2_____.

Authorized by:

Administrator or Designate: _____ Applicant: _____