



**Maple Ridge Tree Management Bylaw No. 7133-2015
Schedule "D"**

TREE PERMIT APPLICATION

1. Full name(s) and address of applicant:

Postal Code: _____ Home phone: _____ Cell: _____

Email: _____

2. Full name(s) and address of owner (if different than applicant):

Postal Code: _____ Telephone: _____

Email: _____

A consent form signed by the Owner must accompany this application if applicant and owner are not the same.

3. Full name of tree cutting company:

Phone: _____ Email: _____

4. Property proposed for tree cutting:

Street Address: _____

Or Legal Description: _____

5. Purpose of proposed tree cutting: (hazard trees must be verified by City staff):

6. **Number, Type and Location of trees** to be cut: (TREES TO BE TAGGED ON SITE):

7. **Draw a dimensional sketch of the parcel** showing the approximate location of the trees to be cut, the location of the trees to be retained, the location of barrier fencing, the location and species of any required Replacement Trees, topographic and hydrological features, structures, roads and other information useful in determining location.

8. A **Tree Management Plan** must accompany this application if tree cutting is taking place on property that is under a development application, when cutting more than 20 trees; or when clearing more than 500 square metres of land.

FEES: Applications for a permit shall be accompanied by the prescribed fee as set out in the Maple Ridge Fees and Charges Bylaw No. 7575-2019.

Urban Area and Urban Reserve and Rural parcels less than 0.5 ha	\$75 for first tree + \$25 each additional tree
Rural Area on parcels greater than 0.5 ha	\$75 for 11 th tree + \$25 each additional tree
Development & Large Scale Clearing:	\$300 base fee + \$25 per tree
Tree Replacement:	\$600

I HEREBY DECLARE that the above information is correct, and that I will abide by all the applicable provisions of the Maple Ridge Tree Protection and Management bylaw and conditions of the Tree Removal Permit issued pursuant to this application.

Name of Applicant(s):

Signature of Applicant(s):

Date: _____