



Tree Removal Permit Application Schedule D

11995 Haney Place, Maple Ridge, BC V2X 6A9
Phone: 604-467-7341 Email: Trees@MapleRidge.ca

(Maple Ridge Tree Management Bylaw No. 7133-2015)

Applicant's Name: _____

Address: _____ City: _____ Postal Code: _____

Home Phone Number: _____ Cell Phone Number: _____

Email: _____

Property Owner(s)' Name (If Different): _____

Address: _____ City: _____ Postal Code: _____

Phone Number: _____ Email: _____

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

Tree Cutting Company: _____

Address: _____ City: _____ Postal Code: _____

Phone Number: _____ Email: _____

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

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](#).

Property Proposed for Tree Cutting

Address*: _____

*If no civic address, please provide Legal Description or PID No.

Purpose of Proposed Tree Cutting (Hazard Trees **Require** a Tree Risk Assessment Report by a Qualified Tree Risk Assessor): _____

Information About Trees to be Cut (Trees to be Tagged Onsite)

Number: _____ Type(s): _____

Location(s): _____

