



11995 Haney Place, Maple Ridge, BC V2X 6A9
Phone: 604-467-7349 Email: Trees@MapleRidge.ca

Arborist Assurance Letter Arborist Monitoring

Maple Ridge Tree Protection and Management
Bylaw No. 8045-2026

Assurance Letter for Arborist Monitoring at Specific Stages of Construction

This letter is to confirm that _____

Name of Company/Developer/Property Owner

has retained _____ to monitor the following work,

Name of Arborist Company

near protected trees at _____.

Project Address

Check the Boxes of All Work to Be Monitored Inside the Critical Root Zone of Protected Trees:

- | | | |
|--|---|--|
| ☐ Tree Protection Barriers Installation | ☐ Stump Grinding | ☐ Ensure Tree Protection Is Reinstalled After Supervised Work |
| ☐ Conduct Pre-Construction Meeting and Review Tree Protection | ☐ Pool Installation | ☐ Conduct Final Sign Off Report After Project Complete |
| ☐ Demolition (Any Type) | ☐ Driveway Installation | ☐ Other: _____ |
| ☐ Tree Removal | ☐ Sidewalk Installation | |
| ☐ Excavation | ☐ Retaining Wall Installation | |
| ☐ Service Installation | ☐ Perimeter Fencing Installation | |
| | ☐ Root Pruning | |
| | ☐ Canopy Pruning | |

A [follow-up report](#) must be submitted to the City within two (2) business days of completing each work supervised. Failure to comply may result in penalties, stop work orders, or/and project delays.

Personal information entered on this form is collected under the authority of section 26(c) of the Freedom of Information and Protection of Privacy Act (FIPPA) for permitting purposes. Please be advised that permits are considered public records that are available in various City publications or disclosed through information requests. If you have any questions or concerns about how your information will be used, contact the Legislative Services Department by calling 604-466-4300 ext. 5557 or by emailing FOI@MapleRidge.ca. For more information about FIPPA at the city, please visit our [Freedom of Information](#) page.

Applicant Name: _____

☐ Owner ☐ Agent Contact

Signature

Date

Phone Number: _____ Email: _____

Arborist Name: _____ Signature: _____ Date: _____

Phone Number: _____ Email: _____