



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

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

Property where trees are proposed to be removed.

Address: _____

Property in the Agriculture Land Reserve? Yes No

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

Applicant's Name: _____

Address: _____ City: _____ Postal Code: _____

Home Phone Number: _____ Cell Phone Number: _____

Email: _____

Are you the property owner? Yes No

If No, include the owner's name/phone/email/address and signed Owner Consent form.

Owner Consent form attached: Yes No

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

Address: _____ City: _____ Postal Code: _____

Phone Number: _____ Email: _____

Building Permit or Rezoning/ Subdivision Number: _____

A **Tree Management Plan** must accompany this application if tree cutting is taking place on property that has an associated development application.

Trees proposed for removal (Trees must be Tagged Onsite)

Total Number of Trees: _____

Number of Significant Trees: _____

Supporting Documents required

Tree Management Plan

Attached: Yes No

Replacement Tree Planting Plan

Attached: Yes No

Shared or off-site tree: neighbour consent

Attached: Yes No N/A

Arborist Assurance Letter

Attached: Yes No

Any additional supporting documentation. Please specify: _____

By signing below, 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.

In consideration of the issuance of a tree cutting permit as a result of this application (the “permit”), the applicant agrees to indemnify and save harmless the City, its elected and appointed officials, officers, employees, servants and agents from and against all claims, losses, damages, costs, expenses, including investigatory and legal expenses and other actions caused by or attributable to any wilful or negligent act, omission, delay, or allegations thereof on the part of the applicant or owner and their employees, subcontractors or agents, related in any way to the permit. The applicant also agrees that this provision shall survive the termination of the permit.

Applicant Name: _____

 Owner Agent Contact

Signature

Date

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 the purposes of processing your Tree Removal Permit Application. Permit information may be made available to the public under the authority of section 22(4)(i) of FIPPA. 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.