

# Tree Management Permit

## Application Form



Please email your application to: [dosengineering@squamish.ca](mailto:dosengineering@squamish.ca)

### BEFORE YOU SUBMIT YOUR APPLICATION FORM:

- Discuss your project with a Development Services representative;
- Prepare all of the required documentation for your application for submission with your application form and fee.

### OFFICE USE ONLY:

Date Received: DD / MM / YYYY

File No.: \_\_\_\_\_

Project No.: \_\_\_\_\_

Folio/Roll No.: \_\_\_\_\_

### APPLICANT DETAILS:

Full Name: \_\_\_\_\_

Business Name (if applicable): \_\_\_\_\_

Mailing Address & City: \_\_\_\_\_

\_\_\_\_\_ Postal Code: \_\_\_\_\_

Business Ph: \_\_\_\_\_ Cell Ph: \_\_\_\_\_

Email: \_\_\_\_\_

### OWNER DETAILS: (Primary Owner only)

Full Name: \_\_\_\_\_

Mailing Address & City: \_\_\_\_\_

\_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Ph: \_\_\_\_\_ Email: \_\_\_\_\_

**I consent to the proposed tree management work included in this application:**

**Signature:** \_\_\_\_\_

### PROPERTY INFORMATION:

Civic Address: \_\_\_\_\_

Legal Description (on *Land Title Certificate*) or PID: \_\_\_\_\_

Size of Property (Hectares): \_\_\_\_\_

**ZONING INFORMATION:**

Current Zoning of property: \_\_\_\_\_

Is there a proposal for rezoning : ☐ Yes ☐ No

If Yes, to which zoning classification: \_\_\_\_\_

**NUMBER OF TREES TO BE REMOVED (20 - 80cm):** \_\_\_\_\_

**NUMBER OF TREES TO BE REMOVED (>80 cm):** \_\_\_\_\_

**STATEMENT OF PURPOSE & RATIONALE:**

Please explain the proposed work to be completed: \_\_\_\_\_

---

---

---

---

---

---

---

---

---

---

**NOTE: If you require more space for your description, please attach additional pages to your application.**

**TREE REMOVAL PLAN:**

Please attach your tree removal plan to this application form. Plans must be drawn to scale and identify all of the following:

- ☐ Boundaries of the subject parcel
- ☐ Any abutting streets, lanes, or public access rights of way
- ☐ Location of existing buildings and structures
- ☐ Location and diameter of Trees proposed to be cut or removed and those which are to be retained
- ☐ Location of significant topographic and hydrographic features

**TREE REPLACEMENT PLAN:** (if required)

- ☐ Please attach your tree replacement plan to this application form if it is required.

**DRAINAGE AND EROSION/SEDIMENT CONTROL:**

Please attach your drainage and erosion/sediment control plan to this application form. Plans must be drawn to scale.

**PROPOSED METHODS FOR DISPOSAL OF WOODWASTE AND DEBRIS:**

Please describe the proposed methods for disposal of woodwaste & debris from site:

---

---

---

**PROPOSED METHODS FOR CONTROLLING NOISE & DUST DURING WORK:**

Please describe the proposed methods for controlling noise and dust from site:

---

---

---

**PROPOSED DATE FOR COMPLETION OF WORK:** \_\_\_\_\_**POSSIBLE FURTHER REQUIREMENTS:**

You may be required to submit further information relevant to your application in order to ensure the provisions of the bylaw are met:

- ☐ A report by a Qualified Professional as to whether the parcel qualifies for exemption under section 4 of this bylaw;
- ☐ A hazard tree assessment report by a Certified Tree Risk assessor;
- ☐ A report as to the potential impacts of the proposed work on other trees on the site or in the vicinity;
- ☐ A report by a professional engineer or geoscientist, certified to work in British Columbia, as to the geological characteristics of the site and vicinity; potential impacts of the proposed work; and recommendations for ensuring safety and mitigating impacts of the work on buildings, structures, remaining trees, and existing uses
- ☐ A tree replacement plan to meet the tree density target; and
- ☐ Any other information that the General Manager considers relevant to ensuring the provisions of this Bylaw are met.

**PROFESSIONAL DETAILS:**

- **Environmental Professional** Full Name: \_\_\_\_\_  
Business Ph: \_\_\_\_\_ Email: \_\_\_\_\_
- **Professional Engineer** Full Name: \_\_\_\_\_  
Business Ph: \_\_\_\_\_ Email: \_\_\_\_\_
- **Arborist** Full Name: \_\_\_\_\_  
Business Ph: \_\_\_\_\_ Email: \_\_\_\_\_
- **Other:** \_\_\_\_\_ Full Name: \_\_\_\_\_  
Business Ph: \_\_\_\_\_ Email: \_\_\_\_\_

The information on this form is collected under the authority of the Tree Management Bylaw and is only used to process your application. Objective is to collect business information, should personal information be provided through this application form it will only be used for the purpose of processing this application. The collection, use and disclosure of personal information is subject to the provisions of the Freedom of Information and Protection of Privacy Act. The information collected will be retained and disposed according to the District of Squamish Records Management Bylaw No. 2622, 2019 and the District of Squamish Records Classification and Retention Schedule. If you have any questions, please contact the Manager of Legislative Services at 604-815-5023.

I/we hereby represent and warrant to the District of Squamish, knowing that the District relies on this representation and warranty, that the property covered by this application has never, to the best of my/our knowledge having made due and diligent inquiry, been used for any purpose such that a site profile is required to be submitted under the *Waste Management Act (British Columbia)* and that the property is not contaminated or polluted in any way that would make it unlawful, unsafe, or unsuited for the purpose for which it is to be used, including within the meaning of the *Waste Management Act (British Columbia)*.

I/we acknowledge that I/we have attached to this Application all required documents plus all required fees, and hereby agree to submit further information deemed necessary for processing this Application.

This project will be constructed in conjunction with the District's *Wildlife Attractant Bylaw 2053, 2009*, and in accordance with Bear Aware best practices.

_____ Full Name of Applicant (please print)	_____ Signature of Applicant	DD / MM / YYYY Date
_____ Full Name of Primary Owner (please print)	_____ Signature of Primary Owner	DD / MM / YYYY Date
_____ Full Name of Secondary Owner (please print)	_____ Signature of Secondary Owner	DD / MM / YYYY Date

**IMPORTANT:** APPLICATIONS ARE NOT ACCEPTED UNLESS COMPLETE, WITH THE REQUIRED FEE AND DOCUMENTS.