## **Application to Permit the Injury** or Destruction of Trees on **Private Property**



(For a Tree Permit or Tree Removal Permission)

Community Services Department, Forestry Section 950 Burnhamthorpe Road West MISSISSAUGA L5C 3B4 Tel.: 3-1-1 (905-615-4311 outside City limits) FAX: 905-615-3098 www.mississauga.ca/forestry

Personal information on this form is collected under the authority of Section 135 of the Municipal Act, 2001, SO 2001, c25 and City of Mississauga By-law 0254-2012 and will be used for processing tree permit/permission applications. For the purpose of public access to information, a limited amount of information will be displayed on the City's website. Questions about the collection of personal information should be directed to the Private Tree Protection By-law Inspector at 3-1-1.

## Important Information / Requirements regarding Application process

- This is not a permit. Removal of three trees or more with a diameter of 15 cm or greater before receiving an approved permit will put you in contravention of By-law 0254-2012
- Ensure you have read and understand the Private Tree Protection By-law in its entirety before completing this application.
- If this application is signed by an applicant or agent other than the owner, written authorization of the owner is required. Provide four (4) copies of plans or drawings of the property showing the
- location of trees to be removed and those being preserved.
- Provide an Arborist report completed by an Arborist as defined, at the
- If replanting, provide four (4) copies of the replanting or landscape plan.
- Written consent is necessary from an adjacent property owner where the base of a tree straddles a property line.
- Mail or deliver this application and other supporting documentation to the Forestry Section at 950 Burnhamthorpe Road West.

Date

- Applications may take up to 30 days to be processed.
- Fee Payment: Make cheque payable to: City of Mississauga (This fee is non-refundable)
- Incomplete applications will not be processed.

direction of the Private Tree Protection By-law Inspector.			
Owner / Applicant / Municipal Address Information			
● Application form to be completed by applicant. <b>Please pr</b> Indicate preferred contact method by checking ✓ appropria		andatory fields on type.	
* Municipal Address of site			_ * Ward #
* Name of Applicant / Agent			
* □ Primary Phone S	Secondary Phone		_ □ Fax No
□ Primary Email Address			
* Name of Registered Owner			
* Mailing Address of Owner (if different than municipal address			
* Existing land use			
Tree Detail			
If applicable, provide the file number for any current	development application	s that have been submit	ted
O Official Plan/Rezoning O Erosion & Sediment Control Permit O Site Plan	vision O Bu	uilding Permit of Adjustment	O Pool Permit O Land Division
2. Have you removed any trees within this calendar ye	ear? □ Yes □ No	)	
If yes, how many trees were removed?	How ma	any of these trees were I	arger than 15 cm?
* 3. Number of trees being injured or removed			
4. Fill in the species, diameter (in cm) and reason for remo			ees, document them using the
Species	Dbh		Comments
★ 5. Will you be planting replacement trees? ☐ Yes	☐ No If yes, are co	pies of the replanting pla	n attached? □ Yes □ No
<ul> <li>6. A site plan or drawing of the subject property is requ</li> <li>The location of any buildings on the property</li> <li>The location and size of trees being protected</li> <li>Other natural features on the property such as</li> </ul>	<ul><li>The dimension</li><li>The proposed</li></ul>	e following: ons of the property and lo I location for replacemen	
7. <b>Fee Requirements:</b> A Tree Permit Fee to be include Further payment may be required after inspection of the preferred method of communication. <b>Make cheque payable to: City of Mississauga</b> (This	ne property, which you wil		ır
Declaration			
If Owner's signature cannot be included, a separat	e Letter of Owner's Aut	horization must be pro	vided.
16. Declaration: I hereby declare that the statements a true and complete representation of			at of my belief and knowledge,
Applicant Signature	Print name		Date (YYYY/MM/DD)
Owner Signature	Print name		Date (YYYY/MM/DD)
OFFICE USE ONLY			
Permit No.	Official	receipt No.	

Received by:

Fee \$

## **Tree Removal Inventory**

Fill in the species, diameter (in cm) and reason for removal or additional comments. If more than three (3) trees, document them using the Tree Removal Inventory Table below and/or provide an Arborists Report.

Species	Dbh	Comments