



NOTE: Please submit completed applications to the Building Department at the City of Burnaby.
By mail: 2nd Flr, 4949 Canada Way, Burnaby, BC V5G 1M2 **By fax:** 604-294-7499 **By email:** treebylaw@burnaby.ca

APPLICATION FOR TREE CUTTING PERMIT

Site Address: _____ TRE: _____ (Office use only)

Property Type: Single Family/Duplex Strata Property Other: _____

Applicant: OWNER OTHER: _____

Company or Last Name: _____ First Name: _____

Address: _____ City: _____ Postal Code: _____

E-mail: _____ Phone: _____ Cell Phone: _____

TREES TO BE REMOVED

Brief description of tree(s) to be removed: _____

Location: _____

Reason for removal: _____

- NOTES:**
- This application is for removal of trees on private property only. For trees on City property, phone Burnaby Tree Service line: 604-297-4500
 - City staff will review your application. If necessary, staff will visit your property and discuss your concerns with you directly. It is helpful to City staff if you can mark the tree(s) you are concerned about with a distinctive marking such as a ribbon tied around the tree, for easy identification.
 - When a decision has been made you will be notified by phone. If a tree cutting permit is approved, it must be picked up at Burnaby City Hall, Building Department (2nd floor) before the tree is removed.
 - If a Tree Cutting Permit is approved, a tree cutting fee will be assessed, payable at the Building Department at Burnaby City Hall when you pick up your permit.

"I hereby declare that the Provincial licence and/or certification is in effect and valid and that all other information contained in this application is accurate. I acknowledge that the City is relying on this declaration for issuance of permit. I further confirm that all work performed under this permit shall be done in accordance with all applicable City of Burnaby Bylaws and Provincial Regulations."

The information on this form is collected under the authority of the current Tree Bylaw and in accordance with the Freedom of Information and Protection of Privacy Act. The purpose of the collection is to process your application for a tree permit. It will be retained as record of your application and may be used to contact the parties involved in this project. If you have any questions about the collection and use of this information, please contact the Building Department at 604-294-7130.

Applicant (Print Name): _____ Signature: _____ Date: _____

IF APPLICANT IS NOT PROPERTY OWNER

I _____ (name), authorize _____ (name), to act as agent to
 _____ Owner's name _____ Agent's name
 obtain a Tree Cutting Permit for _____ (address).

Owner Name (Print Name): _____ Signature: _____ Date: _____