



## TREE MANAGEMENT AND PRESERVATION PERMIT APPLICATION

### REGISTERED OWNER INFORMATION:

NAME OF REGISTERED OWNER OF PROPERTY AT WHICH TREE(S) ARE TO BE MANAGED OR REMOVED:		
CURRENT MAILING ADDRESS OF REGISTERED OWNER:		
PHONE:	EMAIL:	
CIVIC ADDRESS OF WHERE TREE(S) ARE TO BE MANAGED OR REMOVED:		
INFORMATION ON TREE(S) TO BE MANAGED OR REMOVED:		
TYPE OF TREES:	SIZE OF TREES:	NUMBER OF TREES:
Is the tree requested for removal a "Distinct Tree? (please see attached bylaw for list)		<input type="checkbox"/> YES <input type="checkbox"/> NO
If YES, please provide a report of a qualified person indicating the reason for the removal.		

### AUTHORIZED AGENT OF OWNER (if applicable):

NAME:	PHONE:
ADDRESS:	EMAIL:

### REASON FOR REQUEST:

Please indicate the reason you are applying for a tree management and preservation permit from the reasons listed below and provide a sketch of the property with the general location of buildings and trees.	
<input type="checkbox"/>	The growth of existing trees is so dense that it blocks the sunlight and inhibits growth of other vegetation.
<input type="checkbox"/>	The root system of the tree(s) is causing or could potentially cause damage to the building foundations, sidewalks, and/or ancillary buildings.
<input type="checkbox"/>	Trees are located too close to a building where damage can be caused to the building or roof system.
<input type="checkbox"/>	Where, in the opinion of a qualified person, the tree is dying or represents a danger or hazard to the property or adjoining properties.
<input type="checkbox"/>	Where trees are located in the building envelope of new construction.
<input type="checkbox"/>	Other (please provide explanation in this space).

**OWNER'S SIGNATURE/AUTHORIZATION:**

I enclose with this application:			
<input type="checkbox"/>	Tree location plan		
<input type="checkbox"/>	Application Fee		
<input type="checkbox"/>	Letter of Authorization from owner (If applicant is authorized agent)		
<b>INDEMNITY:</b> I/We will exercise safe tree management and removal techniques and agree to indemnify, save harmless, to release and forever discharge the Village of Harrison Hot Springs, its employees and agents, from and against all manner of action, causes of action, claims, suits, demands, costs and expenses whatsoever and howsoever arising by reason of the actions of the holder of the permit authorized.			
SIGNATURE OF REGISTERED OWNER:		DATE:	
<b>OR</b>			
SIGNATURE OF AUTHORIZED AGENT		DATE:	

**OFFICE USE ONLY:**

<input type="checkbox"/>	Permit Application Received	DATE:	
<input type="checkbox"/>	Permit Fee Received	\$40.00	DATE: RECEIPT NUMBER:
<input type="checkbox"/>	Permit Approved	DATE:	
<input type="checkbox"/>	Permit Denied	DATE:	
REASON PERMIT DENIED:			
SIGNED:			DATE: