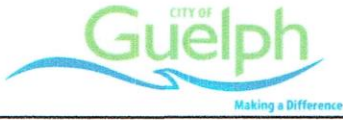


Attachment-3 Completed Application Form



Application to Permit the Injury or Destruction of Trees

Registered Property Owner (Applicant) and Property Address (Tree Location)						
APPLICANT NAME		Last Name ORGAN		First Name MATTHEW		
PROPERTY ADDRESS:		Street No. 649		Street Name Scottsdale Drive		
CITY: Guelph			PROVINCE: ON	POSTAL CODE:	N1G 4T7	
EMAIL:	morgan@SkylineGRP.ca		PHONE:	519 826 0439 x235.		
2nd Applicant Name and Address (If any part of tree is located on adjacent property)						
APPLICANT NAME		Last Name		First Name		
PROPERTY ADDRESS:		Street No.		Street Name		
CITY:			PROVINCE:		POSTAL CODE:	
EMAIL:			PHONE:			

Additional Information		
Is the tree located on land used for a cemetery, golf course, commercial or institutional use? (defined in common terms)	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
Is the tree Diseased or Dying? (If required, please attach Arborist Report)	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
Is the tree causing structural damage?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
Contaminated Property (where proof of remediation efforts is provided to the City)	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
Forest Management Plan?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO

[illegible]

**Declaration of Applicant**

I Matthew Organ _____ certify that:
(print name)

I/we have read and understand the attached information sheet and I am/we are aware of the permit procedures required under the provisions of the Private Tree By-law. I/we hereby certify that the information and plans provided are correct and truly indicate my/our intentions respecting the proposed work. In submitting this application, I/we consent and agree to allow The City of Guelph employees to enter onto the property for the purposes of conducting any inspections required.

04/23/21
Date

Signature of applicant

Declaration of Adjacent Property Owner (if applicable)

I _____
(print name) _____ (print address) _____ certify that:

I/we have read and understand the attached information sheet and I am/we are aware of the permit procedures required under the provisions of the Private Tree By-law. I/we hereby consent to the injury or destruction of the tree(s) shown on the plan above and I/we hereby consent and agree to allow The City of Guelph employees to enter onto my/our property for the purposes of conducting any inspections required.

Date

Signature of applicant

Sketch:

Permit Fee	\$ 122.00
Signature of Applicant _____	DATE _____