Attachment 3 – Cover Letter and Completed Application Form



Date: August 18, 2021

To whom it may concern,

We would like to apply to remove trees from the noted address of 649 Scottsdale Drive on behalf of our Client, Matthew Organ of Skyline Apartment Asset Management Inc.

Please see notes for clients request of removal:

The face of the building and signage are not visible form the street for a high traffic restaurant-based client to have marketing visibility from the street. Skyline has a potential tenant who will be signing a ten-year lease but is not willing to without high street visibility. These trees prevent that. Given the current retail climate for restaurants, to secure a client for 10 years is a large economic win for Skyline. The bulk of this facility has sat vacant for several years due to a lack of visibility. Skyline has many properties in Guelph and prides themselves on their appearance. They would like to enhance this piece of real estate.

Please also note that the compensation proposed will meet the Standards as per the City of Guelph Tree Technical Manual – Aggregate Tree Caliper Ratio.

We appreciate your time and consideration for this project,

Paul R. Brydges

Principal/ Senior Landscape Architect Brydges Landscape Architecture Inc. Member APALA, ASLA, CNLA, CSLA, OALA Past President of Landscape Ontario National Chair of Communities in Bloom





Application to Permit the Injury or Destruction of Trees

Registered Property Owner (Applicant) and Property Address (Tree Location)											
APPLICANT NAME		Last Name OPGAN	Last Name First Name MATTHEIN								
PROPERTY ADDRESS:		Street No.	Street No. Street Name								
CITY: GUELPH			PROVINCE:		07	POSTAL CODE:	L NI		V1G	4T7	
EMAIL: morgan@s		eskylinegrp.c	regreaphone:			519 826 0439 ×235.					
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 No. Street Name								
CITY:			PROVINCE:			POSTAL CODE:		T			
EMAIL:			PHONE	:							
Additional Information											
(defined in cor		for a cemetery, golf course, commercial or institutional use?				use?] YES	⊠NO		
Is the tree Diseased or Dying? (If required,			ase attach Arborist Report)						YES	NO	
Is the tree caus	amage?							YES	NO		
Contaminated Property (where proof of rem			tion efforts is provided to the City)						YES	NO	
Forest Management Plan?			***************************************						YES	NO	
Tree Information (SEE ATTACHED REPORT).											
Tree Species		# of Trees		Diameter at 1.4 metres		etres	Specify Action to be Taken				
					P 2						

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Making a Difference								
Declaration of Applicant								
I								
08.11.21	25							
Date	Signature of applicant							
Declaration of Adjacent Property Owner (if applicable)								
I	certify that:							
(print name)	(print address)							
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							