



**REQUEST FOR TREE CUTTING PERMIT**

*NOTE: This form does not represent authorization to cut trees  
Fax: 514 630.1242*

**WORK LOCATION**

Civic # :	Street :
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**APPLICANT**

Name (address if different from work location)	Telephone (s) :
	Home : <span style="float:right">Work :</span>

**OWNER**

Name (address if different from work location)	Telephone (s) :
	Home : <span style="float:right">Work :</span>

**OCCUPANT**

Name (address if different from work location)	Telephone (s) :
	Home : <span style="float:right">Work :</span>

**WORK PERFORMER (IF KNOWN)**

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**CHARACTERISTICS OF THE TREE TO BE CUT AND REASONS JUSTIFYING THE REQUEST**

Tree species (if known)	Trunk diameter (if known)	Reason justifying the felling (indicate appropriate number)

**REASONS THAT COULD JUSTIFY A TREE CUTTING REQUEST**

1. The tree is dead or infected with insects or has a disease causing the deterioration of the death of the tree, for which there are no control measures applicable, except the cutting of the tree.
2. The tree is dangerous because of the risk that the trunk or branches will break and the situation cannot be corrected other than by cutting the tree.
3. The tree is harmful to the growth and development of adjacent tree (s) of better quality.
4. The tree interferes with alterations or building work already authorized by the City (prior to permit issued by the Urban planning department)

A COPY OF THE CERTIFICATE OF LOCATION IS REQUIRED.

LOCATION OF THE TREE TO BE CUT DOWN ON THE PROPERTY:

- Make a sketch showing the location of the house, the street and the tree to be cut down.
- NOTE: If possible, join a picture of the corresponding tree.

CITY LIMITATION OF LIABILITY, DECLARATION AND APPLICANT'S SIGNATURE

The City of Pointe-Claire issues permits based on the information received from applicants. Following the issuing of a permit, the role of the City consists in ascertaining that the request and the work done are in conformity according to regulations in force.

The City, nor any of its representatives, cannot be held responsible for any damages that could arise further to the execution of the works mentioned on the certificate.

The undersigned applicant certifies that the information contained or annexed to the present request, as well as any information provided during meetings with City representatives, are true and accurate to the best of his/her knowledge.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

**FOR PUBLIC WORKS DEPARTMENT USE ONLY**

**Received by:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Inspected by:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Planning dept. Permit # (if required):** \_\_\_\_\_

**Permit issued:**  **Refused:**

**Permit # :** \_\_\_\_\_

**Replacement of the tree:**  YES  NO