

Development Planning 1435 Water Street Kelowna, BC V1Y 1J4 250-469-8626 <u>kelowna.ca</u> Kelowna is located on the traditional, ancestral, unceded territory of the syilx/Okanagan people

TREE CUTTING PERMIT

APPLICANT

Application Primary Contact:		Registered Owner(s) of the Property, if different than applicant:	
Full Legal Name:		Full Legal Name:	
Company: (if applicable)		Mailing Address:	
		City: Postal Code:	
Mailing Address:			
		Primary Contact No.:	
City:	Postal Code:		
		Email / Fax:	
Primary Contact No.:	Secondary Contact No.:	Signature:	
Email/ Fax:		By signing above, I authorize the Primary Contact to act as my agent and apply for this permit on my/our behalf and authorize their access to property information related to the above address.	

PROPERTY DESCRIPTION

Legal Description of land on which application is made to cut trees:

Street Address of the land in which the trees are located:

Purpose of proposed tree cutting:

QUALIFIED PROFESSIONAL ARBORIST

Contact Name:	Arborist Certification Number:	
Company Name:	Phone:	

ARBORIST ASSESSMENT(copy this page if needed for additional trees)

Description of tree(s) proposed to be removed					
Tree Species:					
Size (Diameter at Breast Height):					
Describe what factors indicate tree health i	is failing or why the tree(s) is a safety hazard:				
Are tree branches/roots being impacted by	buildings or other structures/utilities/paving?				
The free branches/1000s being impacted by	bolianigs of other subcores/otheres/paving.				
Tree Replacement Plan					
Arborist – please consider:					
•	stand of trees that provide support and wind protection?				
	pact such as danger of flooding, erosion, land slip or contamination of				
watercourses?	readed will be also to due within the this impress				
	ree(s) will be planted to mitigate this impact.				
(retained trunks may reduce the number of re	ream bank protection and wildlife habitat? Y / N				
Replacement Trees – Call to confirm repla	•				
(add additional trees on a separate sheet as nee Replacement Tree Description	Replacement Tree Description				
Tree Species:	Tree Species:				
Size:	Size:				
Replacement trees are required for each tr	ree removed. Equitable replacement arrangements, identified by Bylaw				
• •	compensate for the lost services of the mature trees. At least one of				
	type (i.e. either a coniferous or deciduous tree) as the tree type being				
	nt plan is approved, the minimum size of replacement trees should be				
3.0 m (10 feet) in height for conifers and 80 mm (3.2 inches) diameter at breast height (DBH) for deciduous					
species.					
Deple compart two op about direct be allowed	Lin summer (mid lung to mid August). Noutross are react likely to				
Replacement trees should not be planted in summer (mid-June to mid-August). New trees are most likely to survive if planted in the fall or spring. Replacement trees must be watered for the first a prease. Tree watering					
survive if planted in the fall or spring. Replacement trees must be watered for the first 2-3 years. Tree watering bags are recommended. After successful establishment additional watering should not be needed.					
bags are recommended. After successful es	stablishment additional watering should hot be heeded.				
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Retained trees must be protected. Ensure appropriate root protection with a Tree Protection Barrier if construction or tree cutting activities may threaten existing trees. The barrier must be installed under the arborists guidance and sized to protect the critical root zone, which is usually equivalent to the outer tips of the branches (dripline). **Barriers must comply with Bylaw No. 8041**.

APPLICANT CONFIRMATION

Applicant	Required Item		
initial			
	Air photo or survey plan with:		
	- tree to be cut circled		
	- replacement tree locations marked with an 'X'		
	Replacement Plan Cost Estimate (copy of quote or invoice)		
	Security Bond - If replacement delayed, 125% of the replacement planting cost must be submitted in the form of a cheque or letter of credit: \$		

I have attached to this application the required plans and rationale of the proposed tree cutting in accordance with the application checklist. I accept responsibility for processing delays caused by incorrect or insufficient submission materials.

I understand that this application form is a public document and that any and all information contained in it, including personal information as that term is defined in the Freedom of Information and Protection of Privacy Act of B.C., is open for inspection by the public and may be reproduced and distributed to the public as part of a report(s) to Council or for purposes of a public hearing. Any questions regarding this collection should be directed to the Director of Planning & Development Services, 1435 Water Street, Kelowna.

I confirm that all required information has been provided and that the statements made are true and correct.

Applicant Signature: _____

Date:

NOTE: This application does not relieve the owner or the owner's authorized agent from full compliance with the requirements of any federal, provincial, or other municipal legislation affecting the land, water, vegetation, or wildlife.

FEES

For completion by City Staff:						
Fees submitted:	Received by:	Date:				

Acceptance of fees does not imply or guarantee application approval.