



Application for Approval to Cut Trees
(under the provisions of By-law 137-2006)

TC

Planning and Development Services
65 Harwood Avenue South
Ajax, ON L1S 2H9

Telephone: 905-619-2529, extension 3631
E-mail: Planningservices@ajax.ca
www.ajax.ca

Alternative formats of this document can be made available upon request by contacting [Planning Services](#) by email or 905-619-2529, extension 3631.

For Town Use Only

File Number: _____ Date of Receipt: _____

1. Submission Requirements

Materials and Fees

- Application Form (completed and signed)
- Proof of Ownership (most recent tax bill or property deed), and a Letter of Authorization from the Owner (if applicable).
- Town of Ajax Application Fee (in accordance with the Town’s Fees and Charges By-law, as amended; any refunds will be processed according to the By-law) . Payments can be made by cash, cheque or money payable to the Town of Ajax. Electronic payment options are also available (additional costs may apply)

Fee Submitted: \$ _____

- Other Fees (provide confirmation of payment for applicable reviewing authorities/agencies)
 - o Conservation Authorities (Toronto and Region Conservation Authority or Central Lake Ontario Conservation Authority)
 - o Other Governmental Authorities or Agencies (where applicable)
- Have you provided all applicable supporting documents (plans, reports and/or studies, as deemed necessary by the Town and/or other governmental authorities/agencies)? Refer below.

Document Requirements

- A legal plan of survey and a plan showing the location of the trees to be cut.
- An Arborist Report and/or Tree Inventory and Preservation Plan (if applicable).

2. Contact Information

Correspondence relating to this application should be sent to (select one):

Registered Owner Applicant Agent/Primary Consultant

The applicant is:

Owner Lessee of Land or Tenant Prospective Owner

If the applicant is a **bona fide farmer**, (a person who has a current and valid farm registration number under the *Farm Registration and Farm Organizations Funding Act*, 1993, S.O. 1993, c.21, as amended), please provide the Farm Business Registration Number:

Registered Owner(s) (as shown on the property deed)

Organization Name (if applicable): _____

Print Name(s): _____

Telephone Number: _____ E-mail Address: _____

Mailing Address (with City and Postal Code):

Applicant (if different from Owner)

Organization Name (if applicable): _____

Print Name(s): _____

Telephone Number: _____ E-mail Address: _____

Mailing Address (with City and Postal Code):

Agent/Primary Consultant

Organization Name (if applicable): _____

Print Name(s): _____

Telephone Number: _____ E-mail Address: _____

Mailing Address (with City and Postal Code):

Letter of Authorization (if applicable)

If the applicant is not the Owner, the Owner **must consent** to the proposed tree cutting

Attached Separate Letter of Authorization

Print Name(s)

Date

Signature(s) of Owner(s)/Applicant/Agent

3. Property Information and Current Planning Status

Location and Description

Municipal Address with Postal Code:

Legal Description (Lot, Part, Block, Plan, Concession, Township, etc.):

Assessment Roll Number (ARN): _____

Parcel Identification Number (PIN): _____

Land Use Designation in the Town of Ajax Official Plan:

Existing Zoning:

Land under the area described in Schedule A of the By-law or Zoned EP, OS, POS or a Park

Yes No

4. Details of Proposed Tree Cutting

Estimated Land Area Proposed for Tree Removal in m²

(If it is a “Woodland” area greater than 1 hectare (ha) or 1000 m² in size – check with Durham Regional Tree By-law)

Number of existing trees to be removed

Total DBH (Diameter at Breast Height) of existing trees to be removed in cm

Species list of trees to be removed

Provide a simple list of trees to be removed, including species type, diameter at breast height (DBH) in centimetres, and current health status in good, fair or poor condition.

(If the number of trees to be removed is more than 5 trees or the number of species to be removed is more than 2 species, an **Arborist Report** and/or **Tree Inventory and Preservation Plan** is required as part of the application.)

| Tree Number | Species | DBH (cm) | Health (G/F/P) |
|-------------|---------|----------|----------------|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |

Distance of trees from rivers, streams, wetlands, and wood lots in metres:

Rationale for Proposed Tree Removal

(e.g. development outside of site plan control area, farm operation for the injury or destruction of more than 5 trees each calendar year, non-emergency work, removal of trees that are not diseased, dead or hazardous trees, removal of trees that are not classified as Orchard, Christmas Tree Farm, or Tree Nursery or removal of trees that are not deemed as good forestry practices...etc.). Refer to Tree Protection By-law for definition, provisions, and exemptions.

Proposed Date of Tree Removal

Expected Start Date: _____ Expected Completion Date: _____

Arborist and Contractor Contact Information

Name of Arborist/Landscape Architect

For preparation report and/or plans (if applicable)

Print Name(s): _____

Telephone Number: _____ E-mail Address: _____

Mailing Address (with City and Postal Code):

Name of Logging Arborist/Contractor, if applicable

Print Name(s): _____

Telephone Number: _____ E-mail Address: _____

Mailing Address (with City and Postal Code):

Attached Arborist Report/Tree Inventory and Preservation Plan.

Yes No

If "No" is selected, is it required to be submitted later? Yes No

Attached Replanting Plan, if applicable.

Yes No

If "No" is selected, is it required to be submitted later? Yes No

5. Declaration

Affidavit and Sworn Declaration of Owner or Applicant/Agent

I hereby certify that all statements contained within this application are true and agree to allow Town staff reasonable access to the property, and I make this solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effect under an oath and by virtue of the *Canada Evidence Act*.

I hereby certify that I understand where tree(s) are to be injured or destroyed, the Town may issue a Permit subject to conditions that ensure all other trees are protected in accordance with good arboricultural practices and may require a replanting plan to replace any trees, and/or collect cash in lieu, and/or require securities for replanting and maintaining the trees for a period of two years.

I hereby certify that I understand the Town may require the applicant to post the notice of application on the property where the tree(s) are located.

Signature(s) of Owner(s)/Applicant/Agent

Print Name(s)

Date

Personal information contained on this form is collected under the authority of the *Planning Act*, RSO 1990, c. P13 and the applicable implementing Ontario Regulation, and will be used to evaluate the Application for Approval to Cut Trees. Questions about the collection of personal information should be directed to the Records Manager/FOI Coordinator, 65 Harwood Avenue South, Ajax, Ontario, L1S 2H9, (905) 683-4550, ext. 3343.

If you have any comments on the format or content of this application form, please complete a Customer Feedback Form, which is available at Planning and Development Services, Town of Ajax.