

# **Application to Injure or Remove Trees**

| District Office (Che                                                                                                           | eck appropriate | box based on addr                                                                                                                                                                                                                                                                                                                                           | ess and ward)         |                                               |  |  |  |  |
|--------------------------------------------------------------------------------------------------------------------------------|-----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------------------------------|--|--|--|--|
| North York                                                                                                                     | ☐ Toront        | o / East York                                                                                                                                                                                                                                                                                                                                               | ☐ Scarborough         | Etobicoke /York                               |  |  |  |  |
| Address                                                                                                                        |                 |                                                                                                                                                                                                                                                                                                                                                             |                       |                                               |  |  |  |  |
| Street Number                                                                                                                  | Street Name     |                                                                                                                                                                                                                                                                                                                                                             | Suite                 | Unit Number Ward                              |  |  |  |  |
| Property subject to Natural Feature Probylaw?                                                                                  |                 | Please go to <a href="http://www.toronto.ca/trees">http://www.toronto.ca/trees</a> for information on areas protected under Ravine and Natural Feature Protection (RNFP) bylaw. You must submit a Permit Application under RNFP bylaw to injure or remove any vegetation in an area protected under RNFP bylaw. Forms and information are available online. |                       |                                               |  |  |  |  |
| Property Owner Information                                                                                                     |                 |                                                                                                                                                                                                                                                                                                                                                             |                       |                                               |  |  |  |  |
| Information as it appears on Deed/Transfer of Land                                                                             |                 |                                                                                                                                                                                                                                                                                                                                                             |                       |                                               |  |  |  |  |
| First Name                                                                                                                     |                 | Last Name                                                                                                                                                                                                                                                                                                                                                   |                       | ☐ Mr. ☐ Mrs. ☐ Ms.                            |  |  |  |  |
| Company Name (if                                                                                                               | f applicable)   | Company Office                                                                                                                                                                                                                                                                                                                                              | er Name (First, Last) | Position Title                                |  |  |  |  |
| Street Number                                                                                                                  | Street Name     |                                                                                                                                                                                                                                                                                                                                                             |                       | Suite / Unit Number                           |  |  |  |  |
| City / Town                                                                                                                    | Province        | Postal Code                                                                                                                                                                                                                                                                                                                                                 | Telephone Number      | Fax Number                                    |  |  |  |  |
| Email                                                                                                                          |                 | l .                                                                                                                                                                                                                                                                                                                                                         |                       |                                               |  |  |  |  |
| Applicant Information                                                                                                          |                 |                                                                                                                                                                                                                                                                                                                                                             |                       |                                               |  |  |  |  |
| The City will com                                                                                                              | municate with t | he applicant regard                                                                                                                                                                                                                                                                                                                                         | ling this application |                                               |  |  |  |  |
| Applicant is: Sa                                                                                                               | ıme as above 🗌  | Arborist  Agent                                                                                                                                                                                                                                                                                                                                             | Contractor  Other:    |                                               |  |  |  |  |
| First Name                                                                                                                     |                 | Last Name                                                                                                                                                                                                                                                                                                                                                   |                       | ☐ Mr. ☐ Mrs. ☐ Ms.                            |  |  |  |  |
| Company Name (if applicable)                                                                                                   |                 | Company Office                                                                                                                                                                                                                                                                                                                                              | er Name (First, Last) | Position Title                                |  |  |  |  |
| Street Number                                                                                                                  | Street Name     |                                                                                                                                                                                                                                                                                                                                                             |                       | Suite / Unit Number                           |  |  |  |  |
| City/Town                                                                                                                      | Province        | Postal Code                                                                                                                                                                                                                                                                                                                                                 | Telephone Number      | Fax Number                                    |  |  |  |  |
| Email                                                                                                                          |                 | 1                                                                                                                                                                                                                                                                                                                                                           |                       |                                               |  |  |  |  |
| Owner's Author                                                                                                                 | orization to S  | ubmit an Applic                                                                                                                                                                                                                                                                                                                                             | ation                 |                                               |  |  |  |  |
| To be completed only if the applicant is not the owner                                                                         |                 |                                                                                                                                                                                                                                                                                                                                                             |                       |                                               |  |  |  |  |
| I/We (Owner) Authorize (Applicant)                                                                                             |                 |                                                                                                                                                                                                                                                                                                                                                             |                       |                                               |  |  |  |  |
| to act as my agent and sign this application form on my behalf, in respect of the premises listed under Address section above. |                 |                                                                                                                                                                                                                                                                                                                                                             |                       |                                               |  |  |  |  |
| Signature(s) of Owner(s) Date: (yyyy-mm-dd                                                                                     |                 |                                                                                                                                                                                                                                                                                                                                                             |                       |                                               |  |  |  |  |
| Signature of Signing Officer(s), Position held, and Corporate Seal  (if owner is a company/partnership)  Date: (yyyy-mm-dd)    |                 |                                                                                                                                                                                                                                                                                                                                                             |                       |                                               |  |  |  |  |
| Application for a permit to:                                                                                                   |                 |                                                                                                                                                                                                                                                                                                                                                             |                       |                                               |  |  |  |  |
| Check appropriate boxes and specify tree(s) to be injure removed.                                                              | Number          | Diameter (cm) Check (Remove /Destroy                                                                                                                                                                                                                                                                                                                        |                       | Total Number of Trees Included in Application |  |  |  |  |
| If you have additional trees, please list them of separate sheet.                                                              | on a            |                                                                                                                                                                                                                                                                                                                                                             |                       |                                               |  |  |  |  |
| Reason for application (details required, may be supplemented by an Arborist Report):                                          |                 |                                                                                                                                                                                                                                                                                                                                                             |                       |                                               |  |  |  |  |



# **Application to Injure or Remove Trees**

| Application Fee Calculation                                                                                                                                                                                                                                                                                                                       |                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                             |                                    |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|------------------------------------|--|
| ☐ Non-construction related application                                                                                                                                                                                                                                                                                                            | ☐ Constr                                              | uction related application                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | n                           |                                    |  |
| Private Tree: \$126.24 per tree City Tree: \$377.67 per tree                                                                                                                                                                                                                                                                                      | City Tr                                               | Private Tree: \$377.67   City Tree: \$377.67   Boundary/Neighbour Tree: \$790.64                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                             | er tree                            |  |
| Tree: \$263.53 per tree Applications to injure or remove trees not associated with construction or related activity.                                                                                                                                                                                                                              | includes by placement materials of movement amendment | Applications to injure or remove trees associated with activity that includes but is not limited to building, demolition, excavation, boring, placement of fill or surface treatment, storage of construction materials or equipment, storage of soil, construction waste or debris, movement of vehicles and equipment. Applications for Official plan amendment, plan of subdivision and condominiums, site plan control, minor variance, consent and building permits.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                             |                                    |  |
| Number of Private Trees X \$126.24=                                                                                                                                                                                                                                                                                                               | \$                                                    | Number of Private Trees                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | X \$3                       | 77.67 = \$                         |  |
| Number of City Trees X \$377.67 =                                                                                                                                                                                                                                                                                                                 | \$                                                    | Number of City Trees                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | X \$3                       | 77.67 = \$                         |  |
| Number of Boundary/ Neighbour Trees X \$263.53 =                                                                                                                                                                                                                                                                                                  |                                                       | Number of Boundary/<br>Neighbour Trees                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                             | 90.64 = \$                         |  |
| Total Non-Construction Application Fee: \$_                                                                                                                                                                                                                                                                                                       |                                                       | Total Construction Application Fee: \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                             |                                    |  |
| Fees are subject to change. Accepted medebit card (in person only). Please make all are non-refundable and payable at the time that a permit will be issued.                                                                                                                                                                                      | amounts paya                                          | ble to the Treasurer of the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | City of Tor                 | onto. Application fees             |  |
| Authorization                                                                                                                                                                                                                                                                                                                                     |                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                             |                                    |  |
| I have read and understand the attache the provisions of Municipal Code Chapter 8 provided are correct and truly indicate my ir that pursuant to section 813-25 A, an office carrying out an inspection.                                                                                                                                          | 13, Trees. I he<br>ntentions respe                    | ereby certify that the inform ecting the proposed work. I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ation, surve<br>acknowled   | ey and plans<br>dge and understand |  |
|                                                                                                                                                                                                                                                                                                                                                   | Print Name (Fir                                       | rst, Last)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                             | Date: (yyyy-mm-dd)                 |  |
| Items Required to Complete Your A The following items must be submitted to co which are incomplete will not be processed submit additional information. Information a and definitions used in this application are a                                                                                                                              | omplete your A<br>Depending or<br>bout trees on p     | n the nature of the application to the nature of the application is the nature of the application is the nature of | on you ma                   | y be required to                   |  |
| Application to Remove (Destroy)  Completed Application Form Application Fee (payment methods outlined Arborist Report Landscaping and Replanting Plan Photos Site Plan (if application is construction-related Elevations (if application is construction-related Grading and/or Servicing Plan (new hore Site Plan with Rayine Line Delineation) | ed)<br>ted)<br>me construction)                       | Application to Injure  Completed Application Application Fee (payment of the payment of the paym | ent methods<br>ne required) | outlined above)                    |  |

Parks, Forestry and Recreation collects personal information on this form under the legal authority of the Toronto Municipal Code, Chapter 813, Article II, Trees on City Streets and Article III, Private Tree Protection. The information is used to process your application and notify you of meetings related to your application. Questions about this collection can be directed to the Manager of Tree Protection and Plan Review, Parks, Forestry & Recreation, 18 Dyas Road, Toronto, Ontario, M3B 1V5, or by telephone at 416-392-0724.

☐ Construction Details (may be required)

Site Plan with Ravine Line Delineation (if property is in a ravine protected area)

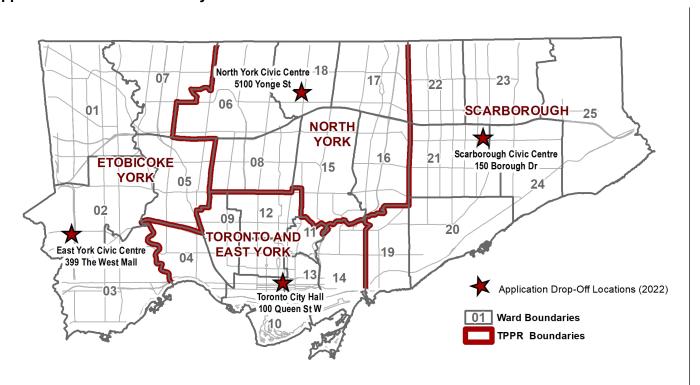
☐ Grading and/or Servicing Plan (new home construction)

(if property is in a ravine protected area)

## **Application to Injure or Remove Trees**

Applications must be submitted to the appropriate district office.

Applications from ward 19 may still be submitted to Toronto and East York office at 50 Booth Ave.



#### **North York District**

Urban Forestry
Tree Protection & Plan
Review
North York Civic Centre
5100 Yonge Street, 3rd Floor
North York, Ontario M2N
5V7

Tel: 416-395-6670 Email: tpprnorth@toronto.ca Hours: 8:30 – 3:00, M-F

## Toronto & East York District

Urban Forestry Tree Protection & Plan Review City Hall, 1st Floor, Permit Alley 100 Queen Street West Toronto, Ontario M5H 2N1 Tel: 416-392-7391

Email: tpprsouth@toronto.c a Hours: 8:30 - 3:00, M-F

#### **Scarborough District**

Urban Forestry
Tree Protection & Plan
Review
Scarborough Civic Centre
150 Borough Dr. 5th Floor
Toronto, Ontario M1P 4N7
Tel: 416-338-5566
Email: tppreast@toronto.ca

Email: <a href="mailto:tppreast@toronto.c">tppreast@toronto.c</a>
Hours: 8:30 – 3:00, M-F

#### **Etobicoke York District**

Urban Forestry
Tree Protection & Plan
Review
Etobicoke Civic Centre
399 The West Mall, Main
Floor – North Block
Toronto, Ontario M9C 2Y2
Tel: 416-338-6596

Email: <a href="mailto:tpprwest@toronto.ca">tpprwest@toronto.ca</a>
Hours: 8:30 – 3:00, M-F

| Ward   |                          | Ward   |                       |
|--------|--------------------------|--------|-----------------------|
| Number | Ward Name                | Number | Ward Name             |
| 1      | Etobicoke North          | 2      | Etobicoke Centre      |
| 3      | Etobicoke-Lakeshore      | 4      | Parkdale-High Park    |
| 5      | York South-Weston        | 6      | York Centre           |
| 7      | Humber River-Black Creek | 8      | Eglinton-Lawrence     |
| 9      | Davenport                | 10     | Spadina-Fort York     |
| 11     | University-Rosedale      | 12     | Toronto-St. Paul's    |
| 13     | Toronto Centre           | 14     | Toronto-Danforth      |
| 15     | Don Valley West          | 16     | Don Valley East       |
| 17     | Don Valley North         | 18     | Willowdale            |
| 19     | Beaches-East York        | 20     | Scarborough Southwest |
| 21     | Scarborough Centre       | 22     | Scarborough-Agincourt |
| 23     | Scarborough North        | 24     | Scarborough-Guildwood |
| 25     | Scarborough-Rouge Park   |        |                       |