Application for Tree	
Removal Permit	A Maria Control of the Control of th
Removal I el mit	Huron - Kinloss
Name(s) of Applicant:	
(a) or approxim	
Owner(s) of Property:	
4.1.1	
Address of Applicant:	
Telephone Number:	
Cell Phone Number:	
Name of Contractor/Person(s) to	
perform work:	
If a company, Contact Name:	V N N N N N N N N N N N N N N N N N N N
if a company, contact i tame.	
Telephone number of Contractor:	
Address of Contractor:	
Municipal Address of Property in	IN IN
question for Tree Removal:	v v
Legal Description of Property:	
Roll # of Property:	
Signature(s) of all owners of	
Property:	(1)
By signing here I make application and	
approve an Officer under By-Law	(2)
2011-85 the Tree Preservation By-Law	
to conduct an inspection of Property at	(3)
the above location.	
	(4)
Date:	
27 HS	
For internal use only	
Application Number	
Date Received: Date Site Inspection completed:	
Inspected by:	
Conditions for Removal:	
Conditions for Removal.	
	*
Duration of Work Permit:	я
(maximum 90 days as per section 9.0)	
Renewal Application- Date Received:	
(submitted 15 days prior to expiration) If Granted New Expiration Date:	
(maximum 90 days as per section 6.0)	
Date permit added to Intranet	