



# CITY OF CANBY PUBLIC WORKS

1470 NE Territorial Road • PO Box 930 • Canby, OR 97013  
Ph: 503-266-0798 / Fax: 503-266-7238

## STREET TREE CUT PERMIT APPLICATION

**Canby Municipal Code, Tree Regulation, Chapter 12.32**

**Please see Master Fee Schedule**

<b>PROJECT LOCATION</b>	_____ Address _____	<b>TREE INFORMATION:</b>
<b>PROPERTY OWNER</b>	Name or Name of Business _____ Mailing Address _____ City/State/Zip _____ Phone _____	Type of Tree (species): _____ Height of Tree: _____ Diameter of Tree Trunk: _____
	<b>RESIDENT IF RENTAL</b>	Name _____ Mailing Address _____ City/State/Zip _____ Phone _____
<b>ARBORIST</b>	Name _____ Mailing Address _____ City/State/Zip _____ Phone _____	Type of Replacement Tree: _____ _____
<b>CONTRACTOR</b>	Name _____ Mailing Address _____ City/State/Zip _____ Phone _____	<b>PRIOR TO ISSUANCE BY THE CITY, THE PUBLIC WORKS DEPARTMENT SHALL INSPECT AND SUBMIT ANY CONDITIONS TO BE PLACED ON THE PERMIT, SUCH AS REPLACEMENT REQUIREMENTS. CONTACT PUBLIC WORKS DEPARTMENT (503) 266-0759 FOR AN INSPECTION.</b>

By my signature, I certify that I have read this application and agree that the supplied information above is correct. I agree to comply with all applicable City Ordinances and State laws pertaining to the proposed construction and hereby authorize the City's representatives to enter the above property for inspection purposes. I understand and agree to pay all costs to repair or replace any property damaged while work is being performed under this permit and acknowledge that failure to pay these costs when due will constitute a violation of the terms of the permit and the City may avail itself to any and all legal remedies.

\_\_\_\_\_  
Property Owner or Agent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Canby Public Works

\_\_\_\_\_  
Date