



**CITY OF CANBY
URBAN FORESTRY DIVISION**

1470 NE Territorial Road • PO Box 930 • Canby, OR 97013
Ph: 503-266-4021 / Fax: 503-266-7238

STREET TREE CUT PERMIT APPLICATION
Canby Municipal Code, Tree Regulation, Chapter 12.32

PROJECT LOCATION	Address _____	TREE INFORMATION:
	Email _____	Type of Tree (species): _____
PROPERTY OWNER	Name or Name of Business _____	Height of Tree: _____
	Mailing Address _____	Diameter of Tree Trunk: _____
	City/State/Zip _____	<u>ARBORIST OR CONTRACTOR</u>
	Phone _____	Name _____
RESIDENT IF RENTAL	Name _____	Mailing Address _____
	Mailing Address _____	City/State/Zip _____
	City/State/Zip _____	Phone _____
	Phone _____	Email _____
	_____	_____
FOR INTERNAL USE ONLY – DO NOT WRITE BELOW THIS SECTION		
TERMS OF REMOVAL	_____	Approval: Yes: <input type="checkbox"/> No: <input type="checkbox"/>
	_____	Replacement Tree: Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<p>PRIOR TO ISSUANCE THE CITY OF CANBY, 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) 266-0780 FOR AN INSPECTION.</p>		

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

City Forester

Date