



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	Terms of Removal:
	_____ Phone _____	_____
RESIDENT IF RENTAL	_____ Name	Approval: <input type="checkbox"/> Yes <input type="checkbox"/> No
	_____ Mailing Address	Replacement Tree: <input type="checkbox"/> Yes <input type="checkbox"/> No
	_____ City/State/Zip	
	_____ Phone _____	
ARBORIST	_____ Name	Type of Replacement Tree:
	_____ Mailing Address	_____
	_____ City/State/Zip	_____
	_____ Phone _____	
CONTRACTOR	_____ Name	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) 266-0780 FOR AN INSPECTION.
	_____ Mailing Address	
	_____ City/State/Zip	
	_____ Phone License No. _____	

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