



PERMIT # _____

This application is to be completed by any applicant/property owner wanting to remove trees in any area governed by the City of Canton. Completed applications, along with the necessary supporting documentation, shall be submitted to the Planning and Zoning Department prior to any tree removal activities

Applicant			
Name			Telephone
Address	City	State	Zip Code
Email			
Owner (if different from applicant)			
Name			Telephone
Address	City	State	Zip Code
Location of trees to be removed:			
Address of Property		Tax Map No.	Parcel
Number of Trees to be Removed		Species	Acreage
Reason for Removal*			

***For example: dead, diseased, blocks solar access, construction, or other.**

Attached are the following documents:

- A site plan showing location of each number of trees to be cut.
- Property boundaries indicating extent and location of proposed clearing and major physical feature of the property, i.e., streams, ravines, houses, etc.
- Arborist's report (written justification that trees meet the following criteria: diseased, or a hazard).
- Copy of Liability Insurance

Declaration

- I hereby certify that the information provided in this application is true, correct and complete to the best of my knowledge.
- I hereby authorize the City of Canton, and any agent or employee of it, to inspect the proposed tree removal property at any reasonable time before any permit is issued, during any tree removal and following any removal.

Property owner Signature	Date
Applicant Signature	Date

Should you decide to remove these trees, the tree service you use must be licensed and insured to protect you and your surrounding property owners.