## TREE CUTTING PERMIT APPLICATION

Building Division, Planning and Development Department 4949 Canada Way, Burnaby, BC V5G 1M2 Phone: 604-294-7130 Fax: 604-294-7986

E-Mail: Permits@Burnaby.ca



Application Date:	
Customer Service Assistant:	

Please submit the completed application to the City of Burnaby, Building Division.

SITE ADDRESS: Property Type:			TRE		
Property Type:				(Office Use Only,	
Troperty Type.	☐ Single/Two Family Dwelling ☐	e/Two Family Dwelling		☐ Other:	
Section 2: Applicant	Information				
☐ OWNER	□ OTHER:				
LAST NAME:		FIRST NA		ME:	
COMPANY NAME:					
ADDRESS:		CITY:		POSTAL CODE:	
PHONE NUMBER:		E-MAIL:			
Section 3: Tree Permi	it Request				
Location of Tree(s) to	be removed:				
Brief description of tr	ee(s) to be removed:				
Reason for removal:					
• This applicat Line: 604-29	ion is for removal of trees on private 7-4500;	e property only. For	trees on City prop	perty, phone Burnaby Tree Service	
It is helpful t		·		scuss your concerns with you directly. tinctive marking such as a ribbon tied	
When a decir	•		e-mail. If a Tree C	Cutting Permit is approved, it must be	
acknowledge that the Cit		••	•	on contained in this application is accurate. I d under this permit shall be done in accordance	
purposes. Please be advi questions regarding the	sed that permits are considered public record	s that are available in va	rious City publications (	tion of Privacy Act (RSBC 1996) for permitting or disclosed through information requests. For at FOI@burnaby.ca or by calling 604-294-7944	
	nt Name	Sign	ature	Date	

Owner's Name

**Print Name** 

**Obtain a Tree Cutting Permit for** 

Signature

Agent's Name

(address).

Revised: 15th July 2023

Date