



**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	_____	TREE INFORMATION:
	Address _____	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 CITY FORESTER SHALL INSPECT AND SUBMIT ANY CONDITIONS TO BE PLACED ON THE PERMIT, SUCH AS REPLACEMENT REQUIREMENTS. CONTACT THE CITY URBAN FORESTRY (503) 266-0759 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