

REQUEST FOR TREE FELLING

ASH TREE THAT IS 15 CM OR MORE IN DIAMETER MEASURED AT 1.4 M FROM THE GROUND

By-Law concerning the control of the spread of the emerald ash borer on the territory of the city of Montréal (15-040)

| The present request form duly filled with supporting information and Incomplete reque documentation that can be forwarded : missi | | | | processed upo ion and / or do | on the reception of the ocuments. |
|--|-------------------------|-----------------|---------------------|----------------------------------|--------------------------------------|
| 1) by email at permis.pfdsrox@ville.montreal.qc.ca or | | | | | |
| in person at the Borough Hall located at 13665 Pierrefonds Boulevard, Pierrefonds by mail addressed to Construction and Occupation Division, Borough of Pierrefonds-Roxboro, 13665 boul. from Pierrefonds, Pierrefonds, H9A 2Z4 | | | | | |
| APPLICANT'S INFORMATION | | | | | |
| Name/Title | Address and Postal Code | | | | N° |
| Owner Agent (with power of attorney) | | | | Phone : | |
| | | | | Other : | |
| Name | Email: | | | | |
| | | | | | |
| | | | | | |
| Owner's Address : | | AND/OR | Lot Number: | | |
| JUSTIFICATION & DOCUMENTATION | | | | | |
| It is dead or dying, of which 30% or more of the branches are dead (mandatory felling within 60 days or before December 31 st) | | | | | |
| ☐ It is affected by a disease or a pest organ irreversibly | | | | | |
| demonstration of the presence of a sign, recognized diagnosis or report showing that the ash tree is irreversibly affected, by a person, skilled in the field and having relevant qualifications (arborist, forest engineer / technician, horticulturist, agronomist, landscape architect) | | | | | |
| It poses a significant risk to the safety of residents or is likely to cause serious harm to property | | | | | |
| It prevents the realization of a construction project authorized under the applicable urban planning by-law, with the exception of an advertising sign | | | | | |
| | | | | | |
| Provide the following documents | | | | | |
| Photo of the ash tree for which the felling permit is required A plan showing the location of the ash on the property | | | | | |
| A declaration from the other co-owners s | | o the ash's fel | ling, if applicable | | |
| DECLARATION FROM THE CO-OWNERS | | | | | |
| We, the undersigned co-owners, declare that we agree to the felling of the ash (s) covered by this request. | | | | | |
| lame Signature | | | | | |
| Name | Signature | | | | |
| Name Signature | | | | | |
| | | | | | |
| DESCRIPTION AND SKETCH OF LOCATION OF THE TREE OR TREES (NUMBERED) | | | | | |
| P.S. : A photocopy of the certificate of location would be preferable, otherwise, take care to indicate precisely the location of the ash to be felled. | | | | | |
| Identify the trees to be felled before the visit of the insp | ector | | | | - |
| Tree no 1 : Tree no 2 : | | | | | - |
| Tree no 3 : | | | | | - |
| Tree no 4 : | | | | | |
| Tree no 5 : | | | Building | | |
| Tree no 6 : | | | | | |
| Additional Information : | | | | | |
| | | | | | |
| | | | | | |
| Street | | | | | |
| DECLARATION | | | | | |
| I, the undersigned, declare that the information provided is, to the best of my knowledge, correct and authorize the Borough to make all the necessary verifications concerning my request. | | | | | |
| | | | | | |
| signature | | | | Date | |