

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	