

# TREE CUTTING PERMIT APPLICATION

<b>Application Number</b>
<b>TC</b>
Received by _____
OFFICE USE ONLY)

Resort Experience  
 Tel 604-935-8182 (direct) Fax 604-935-8188  
 Email: [resortexperience@whistler.ca](mailto:resortexperience@whistler.ca)

**Subject Property Street Address:** \_\_\_\_\_

Legal Description P.I.D. \_\_\_\_\_ Lot \_\_\_\_\_ D.L. \_\_\_\_\_  
 Plan \_\_\_\_\_ Block \_\_\_\_\_ Zoning \_\_\_\_\_

**Name of Registered Owner(s):** \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_ Fax: \_\_\_\_\_

**Name of Registered Owner(s):** \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_ Fax: \_\_\_\_\_

**Name of Applicant/Agent:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_ Fax: \_\_\_\_\_

<b>Application Fee: \$125.00</b>	<b>Title Search: \$21.00 incl GST (per PID) <input type="checkbox"/> Y <input type="checkbox"/> N</b>
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**AUTHORIZATIONS**

I \_\_\_\_\_ authorize \_\_\_\_\_  
(PRINT NAME of registered owner/owners) (PRINT NAME of agent/person authorized to sign the application)

to act as agent and sign the application form to the Resort Municipality of Whistler on my/our behalf for the property known as

\_\_\_\_\_  
(Civic address of property)

\_\_\_\_\_  
Signature(s) of all registered owner(s) Date

\_\_\_\_\_  
Signature(s) of Signing Officer(s) of Corporation Corporate Seal(s), if applicable Date

**Name and Contact Information of the Person or Contractor Who Will Perform the Work:**

**Name:** \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

**Reason for Application:**

- a) The tree is, or is likely to become in the immediate future, a danger to people or property.
- b) The tree is dying or diseased and beyond expectation of recovery.
- c) The tree interferes with the installation of services to land or improvements and there is no reasonable alternative location for the services.
- d) The cutting of the tree is required to construct a building at a location that is permitted, or to provide a reasonable amount of clearance around such a building.
- e) The cutting of the tree is required to manage an interface wildfire hazard.
- f) The cutting of the tree is sought to improve a view or sunlight access and does not impair the character of a forest environment.
- g) Other – please describe:  
\_\_\_\_\_

**Applicability:**

The tree(s) you are applying to cut is:

- a) located within 20m of the Highway 99 right of way;
- b) identified as a heritage tree; or
- c) designated to be retained by a covenant granted to the Resort Municipality under the Land Title Act, if the covenant requires the owner of the land to obtain permission from the Resort Municipality to cut or damage the tree.

**Number of trees proposed to be cut** (please clearly identify the tree(s) on accompanying photographs/diagrams, as directed below): \_\_\_\_\_

**SUBMITTAL REQUIREMENTS**

- 1. Completed application form.
- 2. Application fee of \$125.
- 3. A title search (no older than 30 days from date of application) or \$20 charge plus GST in lieu.
- 4. A copy of the relevant tree protection covenant(s), if you are applying under section 6.1 c) of the Environmental Protection Bylaw No. 2000, 2012.
- 5. Two copies of clearly marked photographs and/or diagrams depicting the property location and the proposed alteration(s), including identification of vegetation or trees to be removed, altered and/or retained. You may use the RMOW GIS maps, which can be accessed at <http://whistler.ca/gis>. If you are new to GIS mapping, RMOW Environmental Stewardship staff are available to help.
- 6. Strata minutes confirming approval of the proposed tree removal (if relevant).

More detailed information may be requested during review of the application.

**DECLARATION** (signatures of all registered owners on title are required)

I (Applicant/Agent), \_\_\_\_\_, solemnly declare that the statements made by me upon this application are to the best of my belief and knowledge a true and complete representation of the purpose and intent of this application.

\_\_\_\_\_  
Signature of Registered Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Registered Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Registered Owner

\_\_\_\_\_  
Date