



THE CORPORATION OF THE TOWNSHIP OF MUSKOKA LAKES

1 BAILEY STREET, P.O. BOX 129, PORT CARLING, ON P0B 1J0

Application to Injure or Destroy Trees

FOR OFFICE USE ONLY:

APPLICATION #:	ROLL #:	DATE:
RECEIPT #:	CIVIC (911) ADDRESS:	
Schedule #:	Assessment Map #:	

1. REGISTERED OWNER(S)

Name _____
 Address _____
 Telephone _____ Fax / Email _____

2. PERSON / COMPANY PERFORMING WORK

Name _____
 Address _____
 Telephone _____ Fax / Email _____

Please specify to whom all correspondence should be sent: Owner Person/Co.

3. LEGAL DESCRIPTION OF PROPERTY

Geographic or Former Township _____
 Lot Number _____ Concession _____
 Registered Plan Number (if any) _____ Lot Number _____
 Reference Plan Number (if any) _____ Part Number _____
 Civic / 911 Address _____

4. LAND USE

Existing _____
 Proposed _____

5. PROPERTY CHARACTERISTICS

Water Frontage _____ Road Frontage _____
 Lot Area _____ Average Depth _____

6. DESCRIPTION OF PROPOSAL (with attached inventory map showing property boundaries, vegetation type boundaries, fences, access roads, utility lines, watercourses, open areas, buildings, wetlands, topography, vegetation to be retained and removed)

7. I hereby apply to Injure or Destroy Trees and declare that the statements made in the application and the information contained in the accompanying plans are true.

Date

Owner's/Person (Co.) Signature

FEE: \$500.00