Danger Tree Removal Application

APPLICANT LEGAL NAME:_		first		last	
MAILING ADDRESS					
-					
-					
POSTAL CODE					
PHONE NUMBER		ho	me		bus/cell
BC DRIVERS LICENCE #		expires	yr	mont	h
BIRTHDATE	yr	m	onth	day	
*Although not required, in order to include the coordinates (UTM or L or on the map you provide. Legal Lot Description:	atitude/longitude)	of the dange	er trees either	r in the following	g description
Number of danger trees to be cut:					
Risk to Personal Property and/or P	ersonal Safety:				
Approval requested to:					
Cut Crown timber and leave o	ot for firewood/chij	pping			
Attachments:					
 Proof of ownership of lot Map showing legal boundaries 	of lot and Crown la	and			
Danger Tree Assessment Repo					
I declare that the above informatio					
Signature of Applicant:					
Date:year		•			
Amplication Dessional on Det	Ministry of			mand	do
Application Received on Date:				month	day
Application is complete		∐ yes			
Returned to Applicant for resubmi	ssion		-	month	-
Completed Application Received			year	month	day

H:\Danger	Tree	Appl	licati	on.doc
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