

## THE RESORT MUNICIPALITY OF WHISTLER

4325 Blackcomb Way Whistler, BC Canada VON 1B4 www.whistler.ca

TEL 604 932 5535 TF 1 866 932 5535 FAX 604 935 8109

## TREE CUTTING PERMIT APPLICATION

Application Number

TC

Received by

(OFFICE USE ONLY)

Resort Experience Tel 604-935-8182 (direct) Fax 604-935-8188

Email: resortexperience@whistler.ca

Legal Description	P.I.D		Lot	_ D.L
			Block	
Name of Registe	red Owner(s <u>):</u>			
Mailing Address:_				
City:		Province:	Postal Code:_	
Phone:	Cell:	Email:		Fax:
Name of Register	red Owner(s <u>):</u>			
Mailing Address:_				
City:		Province:	Postal Code:_	
Phone:	Cell:	Email:		Fax:
Name of Applica	nt/Agent:			
Mailing Address:				
City:		Province:	Postal Code: _	
	Cell:	Email:		Fax:

**AUTHORIZATIONS** 



I authorize				
	(PRINT NAME of registered owner/owners)	(PRINT NAME of agent/person authorized to sign the application)		
	s agent and sign the application form to the y known as	Resort Municipality of Whistler on my/our behalf for the		
(Civic a	ddress of property)			
Signature(s) of all registered owner(s)		 Date		
 Signatu	re(s) of Signing Officer(s) of Corporation	Corporate Seal(s), if applicable Date		
Name a	and Contact Information of the Person or	Contractor Who Will Perform the Work:		
Name:				
Phone:	Cell:	Email:		
Reason	for Application:			
	The tree is, or is likely to become in the in The tree is dying or diseased and beyond	nmediate future, a danger to people or property. expectation of recovery.		
		services to land or improvements and there is no		
	The cutting of the tree is required to const	truct a building at a location that is permitted, or to		
	provide a reasonable amount of clearance The cutting of the tree is required to mana	ge an interface wildfire hazard.		
	The cutting of the tree is sought to improve character of a forest environment.	ve a view or sunlight access and does not impair the		
	Other – please describe:			
Applica	ability:			
	tree(s) you are applying to cut is: (please s			
	located within 20m of the Highway 99 right identified as a heritage tree; or	. or way,		
		granted to the Resort Municipality under the Land Title the land to obtain permission from the Resort		
photogi	r of trees proposed to be cut (please clear raphs/diagrams, as directed below): TTAL REQUIREMENTS			
	Completed application form.			



	Application fee of \$125.
	A title search (no older than 30 days from date of application) or \$20 charge plus GST in lieu.
	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, including the relevant legal plan(s).
	For tree removal pertaining to dangerous, dead, diseased or dying trees:
	<ul> <li>a report from a qualified tree professional (E.g. arborist) confirming this rationale for tree removal.</li> </ul>
	For tree removal pertaining to wildfire fuel management:  a Firesmart <sup>R</sup> Assessment (provided free of charge by RMOW Protective Services – contact Scott Rogers, Firesmart Coordinator at 604-604-966-4173 or srogers@whistler.ca); and  a Landscape Modification Prescription Report by a qualified tree professional that includes the documentation described below. Additionally, a mandatory template is available for Reports in relation to Fire Smarting properties with 10+ trees for removal, please see related links at bottom of webpage.
	The arborist must have reviewed the Firesmart Assessment and aligned their report with it. Clearly marked photographs and/or site diagrams depicting the property location, tree preservation covenant boundaries (if applicable) 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 <a href="http://whistler.ca/gis">http://whistler.ca/gis</a> . If you are new to GIS mapping, RMOW
	Environmental Stewardship staff are available to help. Strata minutes confirming approval of the proposed tree removal (if relevant). Copy of <i>Riparian Areas Regulation (RAR)</i> Assessment if removals are planned within a riparian area or Qualified Environmental Professional Memo stating why RAR is not applicable.
More de	etailed information may be requested during review of the application.
DECLA	RATION (signatures of all registered owners on title are required)
stateme	cant/Agent),, solemnly declare that the ents made by me upon this application are to the best of my belief and knowledge a true and te representation of the purpose and intent of this application.
Signatu	re of Registered Owner Date
Signatu	re of Registered Owner Date

Personal information in this form is collected for the purposes of assessing your application for a tree cutting permit under the authority of s.26(c) of the *Freedom of Information and Protection of Privacy Act*. By completing this form you are providing the Resort Municipality of Whistler (RMOW) with your consent to collect your personal information that will be used by RMOW to manage the tree cutting permit process. Information will be kept on file for seven years for legal retention purposes. For questions regarding the collection of personal information, please contact Resort Experience at resortexperience@whistler.ca or in person at 4325 Blackcomb Way.