

## PERMIT REQUEST Cutting trees

## **SECTION 1: GENERAL INFORMATION**

Name of applicant (s):				
Are you the owner ?	☐ Yes ☐	No		
If no, do you have a proxy?	□ Yes □	No		
Postal address				
Phone number :	( )	Email :		
SECTION 2 : SITE IDENTIFICATION	ON .			
Project site if different from pos	stal address :			
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Lot number (s):		Range :	Township :	
Role number :				
Is there a river, a creek or a lake	?	<del>-</del>	□ Yes	□ No
Is there a wetland ?			□ Yes	□ No
Culvert (s) needed ?			□ Yes	□ No
Number of cords :				
SECTION 3 : PERSON IN CHARG	E OF WORK			
Starting date :	Completion date			
Name, address and phone num			·	
Person in charge			Phone :	
Company :			Email	
Address:			_	
Phone : ( )	Fax : ( )		Web	·
l,	declare by th	e nresent that	the information giv	en is complete and
accurate.	decidic by th	e present that	the information giv	en is complete and
Signed at	thic			
Signed at				
By :				
	sent application is to speed			
	uild. The Designated Office ving him/her a more precise			
	sixty (60) days to issue a pe		Januaria or your proj	

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