



4800 SOUTH SERVICE RD
 BEAMSVILLE, ON L0R 1B1
 905-563-8205

**APPLICATION FOR A PERMIT FOR SITE ALTERATION
 OR TO REMOVE OR ALTER TREES**

Application Type: Site Alteration (Class 1) Removal of Trees (Class 2)

Address of Subject Property		
Street Number:	Street Name:	Unit Number:

Registered Owner of Subject Property		
Last Name:	First Name:	
Mailing Address:	City:	Postal Code:
Phone Number:	Email:	

Applicant Information (the Town will communicate with this person regarding the application)		
Applicant is: Owner <input type="checkbox"/> Agent <input type="checkbox"/> Arborist <input type="checkbox"/> Contractor <input type="checkbox"/> Other: _____		
Last Name:	First Name:	
Mailing Address:	City:	Postal Code:
Phone Number:	Email:	

Owner's Authorization for the Applicant to Act on Their Behalf (if applicable)	
I (Owner): _____ Authorize (Applicant): _____ to act and sign on my behalf with respect to this application and the subject property as listed above.	
Signature of Owner (or Authorized Signing Officer if Owner is a Company)	Date:

Additional Information
Are there currently any other development applications under review for the subject property? Yes <input type="checkbox"/> No <input type="checkbox"/>
If YES, please indicate the application type (ie. Building Permit, Committee of Adjustment, Pool Permit, Other): _____

Permit – FOR TOWN USE ONLY	
Permit No. _____	Documents attached to this permit form part of the permit.
Permit Conditions: _____ _____ _____	Fees: \$ _____ Receipt No.: _____
Date Issued: _____	Issued By: _____
Final Inspection Date: _____	Permit Closed On: _____