

Danger Tree Removal Application

APPLICANT LEGAL NAME: _____ first _____ last

MAILING ADDRESS _____

POSTAL CODE _____

PHONE NUMBER _____ home _____ bus/cell _____

BC DRIVERS LICENCE # _____ expires _____ yr _____ month

BIRTHDATE _____ yr _____ month _____ day

*Although not required, in order to ensure that your application is processed as quickly as possible, please include the coordinates (UTM or Latitude/longitude) of the danger trees either in the following description or on the map you provide.

Legal Lot Description: _____

Number of danger trees to be cut: _____ Estimated volume: _____ m3

Risk to Personal Property and/or Personal Safety: _____

Approval requested to:

- Cut Crown timber and leave on Crown land
- Cut Crown timber and use on lot for firewood/chipping
- Cut Crown timber and remove from Crown land

Attachments:

- Proof of ownership of lot
- Map showing legal boundaries of lot and Crown land
- Danger Tree Assessment Report

I declare that the above information to be true at the time of application

Signature of Applicant: _____

Date: _____ year _____ month _____ day

Ministry of Forests use

Application Received on Date: _____ year _____ month _____ day

Application is complete yes no

Returned to Applicant for resubmission _____ year _____ month _____ day

Completed Application Received _____ year _____ month _____ day

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Entered in to Salvage Tracking System _____year_____month_____day