**SCHEDULE E**

**APPLICATION FOR COMMITTEE EXEMPTION**

Name(s) of Owner: __________________________________________________________

Address: ____________________________________________ Postal Code: ___________

Telephone: Home: _________ Business: ________________ Fax: ___________________

E-Mail: _________________________________

**Location of Trees Affected/Ownership**

Municipality: __________________________ Former Municipality _____________________

Assessment Roll::_________________ Lot:______ Concession___ 911 Address ___________

The subject property is located on the ______ side of  [Road Name] ________________

Between __________________________  and  _____________________________________

Is the property owned by the applicant?  ______ YES  ______ NO (if NO, authorizing letter

must be attached)

If purchased within the last three years, state name and address of former owner and the date

property was purchased.

____________________________________________________________________________

____________________________________________________________________________

**Property/Forest Description**

This application is requesting a Permit to remove the following: (please indicate)

Total area: _______________ Hectares: ________________ Acres: __________________

Total Woodland size on property: Hectares: ______________ Acres: ________________

Tree species to be destroyed on the described land:

____________________________________________________________________________

This Exemption is requested for the following reasons, including description of end use after
trees have been destroyed:

____________________________________________________________________________

____________________________________________________________________________

Owner's Signature                                                                     Date

____________________________________________________________________________

Is the applicant willing to offset the destruction of trees on the subject property through replanting trees on the said

property?  ______ YES  ______ NO

Please return this application with a cheque payable to the Treasurer - County of Oxford in the amount of

$200 to the Public Works Office, P. O. Box 397, Court House, Woodstock, ON N4S 7Y3

____________________________________________________________________________

Personal information on this form is collected under the authority of the Municipal Act, 2001 for the purpose of

conserving the County's forest stock and encouraging good forestry practices and optimal lumber harvest.
Pursuant to the Municipal Freedom of Information and Protection of Privacy Act, questions about the collection of

personal information should be directed to the County Clerk.