

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: _____ Assessment Roll #: _____

Lot: _____ Concession: _____ 911 Address: _____

Is the property owned by the applicant? _____ YES _____ NO
(If NO, an authorizing letter must be attached including name, address and contact information for the applicant)

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:

Is the applicant willing to offset the destruction of trees on the subject property through replanting trees on the said property? _____ YES _____ NO

Dated this _____ day of _____, 20____.

SIGNATURE OF OWNER / APPLICANT

Please return this application with a cheque payable to the Treasurer - County of Oxford in the amount of \$210 to the Community Planning Office, PO Box 1614, 21 Reeve Street, Woodstock, ON N4S 7Y3

Personal information on this form is collected under the authority of the *Municipal Act*. 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.
