

## 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.

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### 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:

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

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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 \$235.00 to the Community Planning Office, PO Box 1614, 21 Reeve St, 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.

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