



**TOWN OF OAKVILLE
BOULEVARD GARDENING PERMIT**

OWNER	
Name:	
Company Name (if applicable):	
Address:	
Phone No.:	Email Address:

LOCATION OF PROPERTY			
Address:			
TYPE OF BOULEVARD GARDEN (check appropriate boxes):			
Plants	<input type="checkbox"/>	Bushes	<input type="checkbox"/>
		Mulch/Wood Chips	<input type="checkbox"/>
LIST OF PLANT SPECIES TO BE USED:			
Complete Attached Form			

I have read the requirements of the Town of Oakville By-law 20009-072 and Procedures and shall fully comply with the rules and regulations contained there-in the attached Procedure.

Signature (Owner)
Date

FOR OFFICE USE ONLY:			
Payment Received	<input type="checkbox"/>	Utility Clearance Certificate	<input type="checkbox"/>
Detailed Scalable Plan (2 copies)	<input type="checkbox"/>	Other Town Permits If Required	<input type="checkbox"/>
Plant List (2 copies)	<input type="checkbox"/>		<input type="checkbox"/>

Date of Issue

Town Signature

Approved by:

Road Corridor Permit Coordinator

Forestry Inspector¹

Permit Conditions:

1. Permit conditional upon compliance with Tree Protection Policy
2. Permit valid for six (6) months from date of issue.

Personal Information on this form is collected under the authority of the *Municipal Act, 2001*, as amended for processing this permit and payment thereof. Questions about the collection of personal information should be directed to: Records and Freedom of Information Officer, Clerk's Department, 905-815-6053.