

## SCHEDULE 2

### Application for Tree Protection Zone Encroachment Permit

This application should be accompanied by the following:

1. Copy of a Tree Protection Plan and/or Arborist Report prepared by a Town Approved Arborist
2. The applicable fees (Tree Protection Zone Encroachment Permit Fee, Tree Protection Zone Sign Cost, etc.) as per the appropriate by-law and relevant deposits (Tree Survival Deposit)

<b>Project Information</b>	Construction Related Activities (Projects with potential site disturbance eg: landscaping, pool)	Non-Construction Related Activities (please specify)
	<input type="checkbox"/> Site Alteration (please specify)	
	<input type="checkbox"/> Municipal Consent	
	<input type="checkbox"/> Excavation on Town Property (road cut)	
	<input type="checkbox"/> Driveway	
	<input type="checkbox"/> Capital Projects	
	<input type="checkbox"/> Park Access	
	<input type="checkbox"/> Other (please specify)	

<b>Location</b>	Site Name:	Construction Address:
	Contact Person:	Phone:
<b>Schedule</b>	Anticipated Construction Start Date: _____	
	Construction Period (days): _____	

<b>Applicant</b>	Name of Agent / Utility:	Address:
	Email:	Phone:
<b>Contractor</b>	Name of Contractor:	Address:
	Contact Name:	
	Email:	Phone:
<b>Owner</b>	Name of Owner:	Address:
	Email:	Phone:

Liability Insurance Policy No.		Method of Payment:
<ul style="list-style-type: none"> <li>• I HEREBY GRANT THE TOWN OF OAKVILLE PERMISSION TO ENTER THE SUBJECT LANDS TO INSPECT THE PROPOSED WORK FOR WHICH THE PERMIT APPLIES TO.</li> <li>• THE APPLICANT AGREES TO ALL CONDITIONS AS SHOWN HEREIN AND AS SHOWN ON THE TREE PERMIT.</li> </ul>		

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

FOR OFFICE USE ONLY	
REFUNDABLE DEPOSIT:	RECEIPT NO.:
PERMIT FEE:	RECEIPT NO.: