



URBAN PLANNING AND ENVIRONMENT  
MUNICIPALITÉ DE MORIN-HEIGHTS  
567, CHEMIN DU VILLAGE  
MORIN-HEIGHTS (QUÉBEC) J0R 1H0  
PHONE : 450 226-3232, POSTE 115  
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TREE FELLING

WORK SITE LOCATION	
Adress and/or street name	Lot N°
Current use : <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Mixed <input type="checkbox"/> Other : _____	
Waterfront property adjacent to a lake, watercourse or wetland: <input type="checkbox"/> YES <input type="checkbox"/> NO	
APPLICANT'S IDENTIFICATION AND CORRESPONDENCE ADDRESS	
Applicants first and last name	
Postal address	Postal code
City	
Cell N°	Other phone N°
Email	
The applicant is the owner* : <input type="checkbox"/> YES <input type="checkbox"/> NO   *If no: please complete the AUTHORIZATION section on the back.	
WORK DESCRIPTION	
Tree: Any woody plant whose trunk diameter, measured 1 meter above the ground, is greater than 10 cm or whose stump diameter is greater than 15 cm.	
Number of trees to be felled	
Location	<input type="checkbox"/> Front yard; number: _____ <input type="checkbox"/> Back yard; number: _____ <input type="checkbox"/> Side yard; number : _____
Diameter of the trees to be felled	_____cm    or Between _____cm and _____cm
Species of trees to be felled	<input type="checkbox"/> Birch <input type="checkbox"/> Maple <input type="checkbox"/> Oak <input type="checkbox"/> Fir <input type="checkbox"/> Spruce <input type="checkbox"/> Pine <input type="checkbox"/> Ash <input type="checkbox"/> Other : _____
Motive(s) for removal	<input type="checkbox"/> The tree must be cut down for the installation of authorized buildings, constructions, or structures; <input type="checkbox"/> The tree is located within a 5-meter strip around an existing main building or within a 2-meter strip around an existing accessory construction or structure; <input type="checkbox"/> The tree is dead or in a state of irreversible decline; <input type="checkbox"/> The tree must be cut down due to the risk of spreading a disease or is an invasive exotic species; <input type="checkbox"/> The tree must be cut down due to an irreversible condition caused by disease, a structural deficiency affecting its stability, or serious damage it causes to property.
Replanting	<input type="checkbox"/> Replacement of felled trees <input type="checkbox"/> Without replacement of felled trees  Number of tree(s) replaced: _____

Additional information to support project understanding:  		
Work start date (DD/MM/YYYY)	Work end date (DD/MM/YYYY)	Estimated cost
WORK EXECUTANT		
<input type="checkbox"/> Contractor (if checked fill in the section below)	<input type="checkbox"/> Self-construction	
Company name		Company phone N°
Company address		
Company email		RBQ licence N°
REQUIRED DOCUMENTS The application and all required documents must be submitted as one (1) printed copy to scale and one digital copy (PDF format)		
<input type="checkbox"/> <b>A proposed site plan</b> identifying the location of the trees to be cut down (you may use a copy of your property location certificate)		
<input type="checkbox"/> <b>Photographs</b> identifying each tree to be felled;		
<input type="checkbox"/> <b>A Document</b> justifying the need for tree removal.		
COST OF AN AUTHORIZATION CERTIFICATE		
Tree cutting (residential)		No fees or \$30 / per tree cut down in the front yard if not replaced

IMPORTANT

The inspector assigned to the file reserves the right to require any additional documents, estimates, reports, or plans necessary to ensure the compliance of the application.

APPLICANTS SIGNATURE	
The undersigned declares that the information provided above is accurate and acknowledges having read the applicable municipal regulations.  <b>The undersigned understands that it is mandatory to obtain a permit or authorization certificate before starting any work or use,</b> and that this form does not, at any time, constitute approval or authorization.	
Applicant's signature	Date (DD/MM/YYYY)
OWNERS AUTHORIZATION	
MANDATORY when the applicant is different from the owner or when the owner is a legal entity (e.g., a company).	
Owners phone number : _____	
I _____, owner, authorize _____ to <small>(Owners name in block letters)</small> <span style="float:right"><small>(Applicants name in block letters)</small></span>	
Submit and sign on my behalf this application for an authorization certificate for my property located at  _____ <small>(Project address or lot number)</small>	
Signed on: _____ Signature : _____ <span style="float:right"><small>(Date)</small><span style="float:right"><small>(Owners signature)</small></span></span>	