



URBAN PLANNING AND ENVIRONMENT
 MUNICIPALITÉ DE MORIN-HEIGHTS
 567, CHEMIN DU VILLAGE
 MORIN-HEIGHTS (QUÉBEC) J0R 1H0
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APPLICATION FORM FOR AN AUTHORIZATION CERTIFICATE

F-Urb-02

TREE FELLING FOR SANITATION PURPOSES IN A STAND OF 4 HECTARES OF MORE

EMPLACEMENT DES TRAVAUX		
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		
Sanitation Cutting: Felling or harvesting of deficient, defective, dying, damaged, or dead trees within a stand of trees. oupe d'assainissement		
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 : _____	
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

Please complete the reverse side →

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"/> Photographs identifying each tree to be felled; <input type="checkbox"/> Wildlife-Flora Management Plan signed by a forest engineer or biologist for the authorized cutting in a forest stand of 4 hectares or more	
COST OF AN AUTHORIZATION CERTIFICATE	
Tree felling for Sanitation Purposes in a Stand of 4 Hectares or More	500 \$

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	
<p>The undersigned declares that the information provided above is accurate and acknowledges having read the applicable municipal regulations.</p> <p>The undersigned understands that it is mandatory to obtain a permit or authorization certificate before starting any work or use, and that this form does not, at any time, constitute approval or authorization.</p>	
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> <small>(Applicants name in block letters)</small> 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 : _____ <small>(Date)</small> <small>(Owners signature)</small>	

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 Updated in January 2026