

Ravine and Natural Feature Permit Application

For Office Use Only	
Date Received: Planning District:	Date Application Deemed Complete: Forestry Planner:

Ravine and Natural Feature Planning Districts: **Etobicoke York:** 416-392-7815 **Scarborough:** 416-392-1377
North York: 416-392-0585 **Toronto East York:** 416-392-1900

A pre-submission meeting or discussion is encouraged for all projects. Please contact the Urban Forestry Planning staff at the appropriate telephone number listed above. The scope of the Arborist report and requirements for geotechnical or drainage reports will depend on the environmental impact of the project. You will be advised if it is determined that the plans and report supplied with the application do not address the full environmental impact. You will be given instructions for plotting the by-law protection limit on your Plan or Survey. You are encouraged to bring site pictures, sketches and any information that will help the City's reviewer to understand the character of the site and proposed undertaking.

Application for a Permit to:

(Check appropriate statement(s) and specify the type(s) of permit(s) for which you are applying)

Injure a tree(s) Destroy (Remove) a tree(s) Place or dump fill or alter the grade of land

Has an application been filed with the TRCA under Fill Regulation 166/06? Yes No

If yes, what is the status of this application? _____

Has an application been filed with the Committee of Adjustment
or City Planning Division
or Building Division

If yes, what is that status of this application? _____

Property Information

Municipal Address of Property:		
Description of proposed work: (a reason MUST be provided)		
Name or Registered Owner of Property (as it appears on the Deed/Transfer of land)		
Street Number:	Street Name:	Suite / Unit Number:
City:	Province:	Postal Code:
Telephone Number:	Fax Number:	

Applicant is: Owner Arborist Engineer Contractor Agent Other _____

I hereby certify that the information, survey and plans provided are correct and truly indicate my intentions respecting the proposed work. The City will communicate with the applicant, unless otherwise requested in writing at the time of application. In submitting this application, I acknowledge, consent and agree to allow City designated officers onto the property for the purpose of conducting the required inspection(s).

Signature (owner or applicant)* Name (please print) Date (yyyy-mm-dd)

Telephone number(s) _____ Email _____

Notice of Collection

The personal information on this form is collected under the authority of the City of Toronto Act, S.O. 2006, Chapter 11, Schedule A, s. 136 (b) & (c) and the City of Toronto Municipal Code, Chapter 658, Ravine and Natural Feature Protection. The information is used to process your application and notify you of meetings related to your application. Questions about this collection can be directed to Manager of Tree Protection and Plan Review, Parks, Forestry & Recreation, 18 Dyas Rd., Toronto, ON M1M 2V2, or by telephone at 416-392-0724.