



Permit to Cut and/or Relocate Trees Application Form

Permit to Cut Trees

Permit to Relocate Trees

Property Developer Name : _____ Address : _____	Construction Contractor Name : _____ Address : _____
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Authorized Representative of the Property Developer Name : _____	Authorized Representative of the Construction Contractor Name : _____
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Project Name : _____
Project Location : _____
Total Area of Land : _____
Development : _____

Reason for Cutting / Relocating of Trees:

Description of Trees subject to Cutting / Relocating (add rows if necessary)

Tree Species	No. of Trees	Tree Species	No. of Trees

Documents to be submitted	<input type="checkbox"/> Photos- Trees subject for cutting/ relocation
	<input type="checkbox"/> Location Map- showing the original and/ or relocation (for relocation only) sites of the trees
	<input type="checkbox"/> Other (if any; as required): _____