

**NOTICE OF INTENT TO CUT, BURN, OR DESTROY TREES  
BY OTHER MEANS, PURSUANT TO  
THE REGION OF HAMILTON-WENTWORTH  
WOODLAND CONSERVATION BY-LAW NO. R00-054**

The landowner and contractor must complete this form and deliver it to the Planning Department of the City of Hamilton. A completed form must be received at least **five (5) business days\*** before any trees are to be cut, burned or destroyed by other means. The purpose of this application is to inform the municipality of the extent and nature of cutting, burning or destruction of trees by other means, **before** it occurs.

1. What is the reason for tree removal? Please circle the reason(s).

silvicultural improvement

commercial timber harvest

firewood removal

wildlife habitat

other (please specify) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. What is the expected start date for cutting, burning or destruction of trees by other means?

\_\_\_\_\_

3. What is the expected finish date?

\_\_\_\_\_

4. What is the size of the woodland on your property where trees are to be cut, burned or destroyed by other means in acres (hectares)?

\_\_\_\_\_

5. What is the size of the harvest area in that woodland?

\_\_\_\_\_

**6. Landowner Information:**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

Emergency # (911): \_\_\_\_\_

Lot(s): \_\_\_\_\_ Concession(s): \_\_\_\_\_

Township: \_\_\_\_\_

City/Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: Home: (     ) \_\_\_\_\_

Work: (     ) \_\_\_\_\_

Fax: (     ) \_\_\_\_\_

**7. Contractor Information:**

Contractor: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: Home: (     ) \_\_\_\_\_

Work: (     ) \_\_\_\_\_

Fax: (     ) \_\_\_\_\_

Name of person in charge of tree destruction:

\_\_\_\_\_

8. Who has marked the woodland for cutting?

Name: \_\_\_\_\_

Qualifications: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_

Fax: ( ) \_\_\_\_\_

9. Location of Woodland:

Lot: \_\_\_\_\_ Concession: \_\_\_\_\_

Former Township: \_\_\_\_\_

Former Area Municipality (Example: Flamborough, Dundas, Ancaster, Hamilton, Glanbrook, Stoney Creek): \_\_\_\_\_

10. Using the attached blank sketch map (last page), show the location of your property in relation to nearby roads, the location of the woodland on your property, and the area in the woodland where trees are to be cut, burned or destroyed by other means.

11. Describe the type of forest management treatment you are proposing.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. What is the residual basal area?

\_\_\_\_\_



When you have completed this application, please deliver, fax, or mail to:

Richard Canfor  
Forest Conservation By-law Enforcement Officer  
City of Hamilton  
Building & Licensing Division  
E-mail: [rcanfor@hamilton.ca](mailto:rcanfor@hamilton.ca)  
Fax: (905) 546-2764

**PLEASE NOTE:**

- \* **Excluding weekends and statutory holidays.**
- \*\* **It is only necessary to enter a measurement for circumference or diameter, not both.**

This information is collected pursuant to the Forestry Act and/or the Municipal Freedom of Information and Protection of Privacy Act and will be used for the sole purpose of administering this by-law including compiling and publishing summaries of woodland harvest.

If this application is signed by a person on behalf of the owner of the trees affected, the owner's written authorization must accompany this application.

NOIC1-2004

