ASH TREE REPLACEMENT PILOT PROGRAM APPLICATION FORM

1.	Applicant Information									
	Applicant Name: First		Last							
	Telephone (home) (Work)	Fax		Email						
	Mailing/Civic Address	Town			Postal Code					
	Preferred language of correspondence	ce: 🗆 English	☐ French							
2.	Project Location ☐ Owner ☐ Rented/leased (Name of property owner (if rented or Lot: Concession: Current Ward:	Civic Address:								
	☐ Farm ☐ Rural Non-farm	Property (e.g. over 1 ac	cre) 🗆 Resid	dential	☐ Business/Commercial					
3.	A complete application form coa) Application Formb) Itemized quotes for project	nsists of:								
		ted application form to		onservation	Authority:					

P.O. Box 29 38 Victoria Street Finch, ON, K0C 1K0 Fax: 613-984-2872

Email: ashtree@nation.on.ca

For additional assistance please call: 877-984-2948

	uidelines for additional information on project eligibility, Program requirements, and the application vailable at www.nation.on.ca/eab
5. International Society o To be completed by ISA or R	f Arborists (ISA) / Registered Professional Forester (RPF)
Name of ISA or RPF:	ISA certification # or RPF member # :
I confirm that the tree(s) on the	nis application:
	☐ Is/Are Ash Tree(s) with minimum diameter of 10 cm ☐ Is/Are infected with the Emerald Ash Borer
	☐ Will be replaced with native tree (either potted stock or caliper-sized up to 50mm diameter)
Comments:	
	Date:
	anning to do (how many Ash trees are being removed, what size and species is being planted as the project guidelines for details on what is required for your project.

8. Sketch Sheet

Please Provide:

- a) Location of home and existing infected Ash tree(s) to be removed;
- Location of new replacement native tree(s);
- Location and distance of all buildings, wells, septic systems, lot lines, roadways, etc, and Any applicable features such as height and width of tree, and any other dimensions outlined in your project section.

9. Municipal Freedom of Information and Protection of Privacy Act

Information provided by the applicant on the application form, or as support material with the application, may be made available to Program staff. Application forms will be retained on file regardless of whether or not funding is granted. The names of all applicants may be made public as a result of submissions under the Municipal Freedom of Information and Protection of Privacy Act.

Information collected on this form or as support material may become part of a public document if your project receives grant funding from the Ash Tree Replacement Pilot Program.

10. Disclaimer

Although the City of Ottawa (The City), its staff, South Nation Conservation (SNC), and the SNC's staff and Program Representatives may provide information regarding the practices and structures eligible for funding through the Ash Tree Replacement Pilot Program, it is the responsibility of the applicant, in cooperation with their consultant to ensure that the practices undertaken are suitable to the applicant's property and are technically and structurally adequate. Each applicant must also ensure that all approvals, permits or other requirements under applicable laws, regulations and by-laws have been obtained prior to construction.

The City, its staff, South Nation Conservation (SNC), and the SNC's staff and Program Representatives are not liable for any claims, damages or loss whatsoever against the City or any other party arising from the use or non-use of any advice or information provided as part of, or under, this program. The City, in granting or denying an application for a project under this program, does not comment on nor guarantee the environmental condition of the subject properties.

To the best of my knowledge, the information contained in this form is true and accurate.

I hereby declare that I have no immediate family relationship or business interest with any individual or company supplying labour or machinery use for the completion of this project.

I hereby declare that I have read, understood, and agreed with the above disclaimer.

and reporting purpose	es:				
My name My project location My project photos	☐ Yes ☐ Yes ☐ Yes	□ No			
Applicant Name (please	e print):			 	
Applicant Signature:			 Date: _	 	

If approved, I hereby grant permission to the Ash Tree Replacement Pilot Program to use the following for promotional