

MAP # _____ LOT # _____

DATE _____ PERMIT# _____

TOWN OF ACTON

Office of Code Enforcement: 207-636-3497 x410
Email: ceo@actonmaine.org

SHORELAND ZONE / RESOURCE PROTECTION TREE REMOVAL PERMIT APPLICATION

Owner Information

Name _____
Address _____
Phone# _____
Email _____

Contractor Information

Name _____
Address _____
Phone# _____
Email _____

Physical Address _____

Description of Tree Removal: _____

TREE REMOVAL PLAN – On a separate page, please include all of the following:

(Tax Maps on the Town of Acton website is a convenient tool.)

Safety Hazards in Shoreland Zone

- 1) Show dimensions of the lot.
- 2) All existing structures on the property.
- 3) Septic System, well, driveway, etc.
- 4) Show all distances from streams and wetlands.
- 5) Include all trees in a 25' x 25' area of any tree to be removed, label all trees with its allotted point #'s.
- 6) Provide photos of all trees to be removed and remaining trees in the immediate area. (Emailed pictures will be printed at \$1 per page.)
- 7) Check for \$25 to Town of Acton

Timber Harvest in SZ/RP

- 1) State Intent to Cut Form with Map
- 2) Number of Acres to be Harvested _____
- 3) Start Date ___/___/___ End Date ___/___/___
- 4) Hours of Operation _____ - _____
- 5) Check for \$50 to Town of Acton

Forester Signature (if applicable):

License Number

I hereby certify that all the information on this application is correct

Signature of Owner(s) _____ **or**
Signature of Applicant _____

PLEASE NOTIFY CEO 24 HOURS PRIOR TO ANY TREE REMOVAL

----- OFFICE USE ONLY -----

- () Granted, Fee \$ _____
 () Denied, Reason _____

Date _____

CEO Signature _____

Replanting Requirements _____
Replanting Inspection Date _____