

September 2019

**PAUPACKAN LAKE ASSOCIATION, INC.
APPLICATION FOR TREE CUTTING PERMIT**

PLEASE USE BLACK INK TO COMPLETE THIS FORM

OWNER NAME: _____

TAX MAP NO.: _____

TELEPHONE NUMBER AND/OR EMAIL ADDRESS: _____

ADDRESS: _____

NUMBER OF TREES TO BE CUT: _____ RANGE OF DIAMETERS: _____

REASON FOR CUTTING: _____

TREES TO BE CUT MUST BE MARKED WITH AN ORANGE RIBBON

CONTRACTOR NAME: _____

CONTRACTOR ADDRESS: _____

CONTRACTOR TELEPHONE NUMBER: _____

I understand that I must adhere to the PLA, Inc. Rules & Regulations, Covenants and Restrictions in the Owner's Deed.

ANTICIPATED START DATE: _____

ANTICIPATED COMPLETION DATE: _____

APPLICANT SIGNATURE: _____ DATE: _____

**ONCE APPROVED, THIS PERMIT MUST BE POSTED AT THE END OF
THE DRIVEWAY WHILE WORK IS BEING PERFORMED**

FOR OFFICE USE ONLY

APPROVED: _____ DATE: _____

NOT APPROVED: _____ DATE: _____