



## Permit for the Injury or Removal of Trees Application

Office use only:
Reference #:

### Town of Collingwood

#### Planning Services

Phone: 705-445-1030

Email: [planning@collingwood.ca](mailto:planning@collingwood.ca)

### Please Read Before Completing Application

**The applicant is responsible** for ensuring the accuracy of all submitted materials. A complete application submission must include:

- This form, completed in full, and including all required signatures (**digital signatures accepted**)
- A reference plan, survey, and/or site plan showing the following, in metric units, as applicable:
  - the boundaries and dimensions of the subject property
  - the location, width, and name of any roads within or abutting the subject property, indicating whether it is an unopened road allowance, a public travelled road, a private road, or a right-of-way
  - the approximate location of all natural and artificial features (*for example, buildings, railways, roads, watercourses, drainage ditches, banks of rivers or streams, wetlands, wooded areas, wells and septic tanks*) that,
    - i. are located on the subject property and on land that is adjacent to it, and
    - ii. in the applicant's opinion, may affect the application
  - location, extent, and size of areas(s) where trees are proposed to be injured or removed
  - location, extent, and size of areas(s) where trees are proposed to be protected and retained
  - location, extent, and size of area(s) where trees are proposed to be replanted
- Tree Inventory and Assessment Report, prepared by a qualified professional, as outlined in the Town's Tree By-Law #2012-084, as may be amended
- Application fee and contingency deposit (as per current [Fees & Service Charges](#))
- Completed and signed [Additional Costs Deposit Agreement](#)

**Applications are accepted through the Town's Public Portal by registering for an account. To register and/or apply, please [visit the secure Portal](#).**

**Additional information may be requested during the review of this application.**

## 1. Applicant Information:

First Name: Thomas Last Name: Jarlette

Company Name (if applicable): Jarlette Health Services

Street #: 658 Street Name: King Street Unit #: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Town/City: Midland Province: Ontario Postal Code: L4R 0H7

Country: Canada Primary Phone #: 705-549-4889

Email: tjarlette@jarlette.com Alternate Phone #: \_\_\_\_\_

Additional Contacts for this application, including but not limited to, an Engineer, Designer, Landscape Architect, Architect, Solicitor, etc. may be [added to the Portal](#) on the Contacts page. Contacts added will each require a registered Portal account in order to view contents of the application online. Questions? Email [planning@collingwood.ca](mailto:planning@collingwood.ca)

## 2. Registered Property Owner Information:

Is the registered owner the same as the Applicant in Section 1 above?

Yes  No *If No*, please complete the following:

First Name: Thomas Last Name: Jarlette

Company Name (if applicable): Collingwood Care Centre Ltd.

Street #: 2 50 Street Name: \_\_\_\_\_ Unit #: \_\_\_\_\_  
Campbell Street

Mailing Address (if different): \_\_\_\_\_

Town/City: Collingwood Country: \_\_\_\_\_ Province: Ontario Postal Code: L 9Y 4J9  
Canada

Primary Phone #: \_\_\_\_\_

Email: tjarlette@jarlette.com Alternate Phone #: \_\_\_\_\_

**Additional Property Owner(s)? Please provide additional owner information on an attached separate page.**

### 3. Property Information:

Civic Address: 2 50 Campbell Street, Collingwood, L9Y 4J9

Legal Description (Lot/Concession/Plan/Block): P CL 7-1 SEC 51-120; PT LT 7 PL 120 Collingwood; PT LT 9

Official Plan Designation:	Existing Neighbourhood, Schedule 2, Land Use Plan
Zoning By-Law Designation:	R3-Residential Third Density

PL Collingwood PT1, 51R5444 Except PT 3, 51R20072 TW PT LT 9, PT 651R2568 AS IN RO461739; S/T LT251936; Collingwood

Registered Plan #: \_\_\_\_\_

Assessment Roll Number or PIN: 433107000334505

Size of the subject property (in hectares): 2.2

Provide the current Town of Collingwood Official Plan and Zoning By-Law designations below:

Are the trees located in any of the following (check all that apply):

- a Woodland (as defined per By-Law #2012-084)
- an area regulated by the Nottawasaga Valley Conservation Authority or the Grey Sauble Conservation Authority
- a Tree Preservation and Protection Plan previously approved by the Town
- lands where there are no active development applications being considered by the Town

### 4. Details of Proposed Work:

Provide a summary of the proposed work, including reasons for the proposed injury or removal of trees:

Removal of 12 trees to create access routes for borehole drilling for a hydrogeological assessment

Complete the following Tree Information:

Tree Species	# of Trees	Approximate Age	Diameter at 1.4m
<i>Juglans nigra</i> (Black Walnut)	7	20-30	22, 25, 15, 25, 16, 19,17
<i>Fraxinus pennsylvanica</i> (Green Ash)	4	20-30	24, 18, 23, 22
<i>Acer negundo</i> (Manitoba Maple)	1	15	22

Please attach a separate page if more space is required.

**Note: Location of trees proposed to be injured/removed to be shown on submitted drawing(s).**

Does the proposed timeline comply with the [Migratory Bird Convention Act?](#)  Yes  No

Has the subject property ever been the subject of an application for any of the following under the *Planning Act*? **If yes**, include the file number and current status:

Type	Yes	No	File Number	Status
Plan of Subdivision or Condominium	<input type="checkbox"/>	<input type="checkbox"/>		
Consent	<input type="checkbox"/>	<input type="checkbox"/>		
Official Plan Amendment	<input type="checkbox"/>	<input type="checkbox"/>		
Zoning By-Law Amendment	<input type="checkbox"/>	<input type="checkbox"/>		
Minor Variance	<input type="checkbox"/>	<input type="checkbox"/>		
Site Plan Control	<input type="checkbox"/>	<input type="checkbox"/>		
Other – Specify:	<input type="checkbox"/>	<input type="checkbox"/>		

Please provide any additional information that may be useful in the review of this application

**5. Permission for Access:**

**The owner(s) of the subject property, as identified in Section 2 of this form, hereby authorize Town staff, and any other applicable parties relevant to this application, to enter onto the subject property during regular business hours for the purpose of reviewing this application.**

Print Name: Thomas Jarlette \_\_\_\_\_

Signature: Thomas Jarlette Date: April 28th, 2026 \_\_\_\_\_

Where there are multiple owners of the same property, only one authorized signature is required.

**6. Authorization for Agent:**

**The owner(s) of the subject property, as identified in Section 2 of this form, do hereby authorize and appoint the person named below to act as agent for the purposes of this application:**

Name of Agent: Landmark Environmental Group Ltd. \_\_\_\_\_

Company Name (if applicable): Landmark Environmental Group Ltd. \_\_\_\_\_

Street #: 55 \_\_\_\_\_ Street Name: Cedar Pointe Drive \_\_\_\_\_ Unit #: 606 \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Town/City: Barrie \_\_\_\_\_ Province: Ontario \_\_\_\_\_ Postal Code: L4N 5R7 \_\_\_\_\_

Country: Canada \_\_\_\_\_ Primary Phone #: 705-796-1122 \_\_\_\_\_

Email: info@legroupltd.com \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_

Signature: Thomas Jarlette Date: April 24, 2026 \_\_\_\_\_

Print Name: Thomas Jarlette

Where there are multiple owners of the same property, only one authorized signature is required.

**7. Declarations:**

I, (print name) JIM HOSICK of (name of City or Town) BARRIE in the  Region or  County of SIMCOE solemnly declare that I am the (choose one of the following):

Owner of the subject property  Agent for the Owner  Officer/Employee of the Owner

and that in the matter of this application for the property as described above, I have examined the contents of, and any attachments to, this application, read and understood the information in this Declaration page, and hereby certify that the statements contained herein are true and accurate, insofar as I have knowledge of these facts. I make this solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath.

Applications must be complete and accurate to be processed. Incomplete or inaccurate applications will be returned for re-submission. The Town may deem an application to be incomplete and refuse all submitted information if it considers the quality of the submission unsatisfactory.

Personal information collected by the Town of Collingwood through this application including any information obtained during its processing, is collected under the authority of the Planning Act, Municipal Act, and the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA), all as may be amended from time to time. Such information will form part of the public record, is subject to MFIPPA, and may be disclosed or published as part of Council agendas and/or public consultation processes.

By signing this Declaration and executing the Additional Costs Deposit Agreement, the parties acknowledge and agree that all required application fees and any costs incurred by the Town in processing this application, including peer review consultant fees, shall be borne by the applicant, agent, or owner.

Print Name: JIM HOSICK

Signature: [Handwritten Signature] Date: MAY 1 / 26

DECLARED before me  
at the  Town, or the  City  
of: BARRIE  
in the  County, or the  Region  
of: SIMCOE  
this 1ST day  
of MAY, 2026

] Signature of Commissioner:  
] [Handwritten Signature]

] Commissioner's Stamp:  
] 

Cresteena Goncalves Fernandes  
a Commissioner etc Province of Ontario  
for Fernandes Legal Services, and  
for work done within the permitted scope  
of practice of a licensed Paralegal in Ontario