TSAWWASSEN FIRST NATION

TREE REGULATION

Enacted 23 September 2015

APPENDIX A – APPLICATION FORM

Some of the information required on this form is personal information within the meaning of the *Freedom of Information and Protection of Privacy Act*. This information is required only for the purposes of assisting the Tsawwassen Government to ensure that all laws, regulations and policies governing land allocations are being complied with. All of the information collected herein will be protected in accordance with the *Freedom of Information and Protection of Privacy Act*.

	Application to Establish, Maintain or Amend a View
TSAWWASSEN FIRST NATION sc̓əwaθən məsteyəxʷ	
All applications must include a comp	pleted application form and applicable fees.
Applicant Name: FULL LEGAL NAME of Applicant:	Are you an Agent submitting this application on behalf of your client? Yes No
Contact Name for Applicant:	Letter of Agency attached Yes No
Applicant Mailing Address:	Agent Name & Mailing Address:
Postal Code	Postal Code
Applicant Contact Numbers:	Agent Contact Numbers:
Phone:	Phone:
Alternate Phone:	Agent Email Address:
Applicant Email Address: 	
Are you applying to (please check one) o Establish a View	
o Maintain a View	

 Amend the viewpoint of an existing View 	ew	
In the event that you are applying to amend a View, please identify specifically what you would like to change:		
Application From		
Application Fees The following fees must be paid on submitting this application and applications received without a fee will not be reviewed by TFN.		
Fee to establish a View:	\$300	
Fee to maintain a View:	\$300	
Fee to amend a viewpoint:	\$1,000	
 By submitting this application and by checking this box, I acknowledge that despite the process set out in this regulation, TFN makes no representation or guarantee that the Tree Works I am seeking to have done in support of a View will not adversely impact the stability of the Bluff. I further agree to waive any and all claims I have or may have in the future against TFN from any and all loss directly or indirectly related to the Tree Works, and I acknowledge the limitations on TFN's liability identified in this Regulation and Part 5A of the Land Act (Tsawwassen). For Office Use Only: Date Application Received (mm/dd/yyyy): 		
Application Fee Paid (Y/N):		
Comments:		
Staff Initials:		
Qualified Geotechnical Professional and/or Qualified Arborist Comments Arborist report supplied: (Y/N) Date of Report Geotechnical report supplied [if required]: (Y/N) Date of Report		

Director Comments