



CANDLEWOOD SHORES TAX DISTRICT

55 Longview Drive, Brookfield, CT, 06804 | (203) 775-1172

Tree Trimming or Removal Permit Application

Application Date: _____

1. Property Address: _____

Name of Owner: _____

Mailing Address: _____

Phone Number: _____ Email: _____

2. Name of Applicant (if not owner): _____

Address: _____

Phone Number: _____ Email: _____

4. Name of Contractor: _____

License Number: _____

Address: _____

Phone Number: _____ Email: _____

5. 24-Hour Emergency Contact: _____

Address: _____

Phone Number: _____ Email: _____

6. Description of proposed work: _____

Scalzo Property Management

2 Stony Hill Road, Suite 201, Bethel, CT, 06801 | Phone: 203-790-6888 | Fax: 203-790-9390

Office.Manager@Candlewoodshores.com



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7. Type of heavy mechanical equipment to be used: _____

8. Reason for trimming or removal of tree: _____

9. Date work will commence: _____

Date work will be completed: _____

10. The following must be furnished with this application:

- a. **Certificate of Insurance, naming "Candlewood Shores Tax District" as the certificate holder**, in the amount of \$100,000 - \$300,000 bodily injury and \$25,000 property damage insurance. The policy must state that it will apply first in the event of a liability suit (the Candlewood Shores Tax District insurance policies will apply only in excess of your policy). Supplied by Contractor.
- b. **Workmen's Compensation Insurance** and (if available) Disability Benefits Certificate, State of CT. Supplied by Contractor.
- c. Copy of **contractor's license**.

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In consideration of the issuance of this permit, I agree to the following:

1. All heavy machinery will have rubber tires or treads. Alternatively, the roadway will be protected using mats or plywood to prevent damage.
2. This project will conform to the Candlewood Shores Tax District & Water Department Rules and Regulations, the General and/or Special Conditions attached to the application, and all other Town of Brookfield (CT) or State of Connecticut Laws and Ordinances that pertain to this type of work.

Applicant Signature

Date

Application Approved by CSTD, subject to general and special conditions attached, by:

CSTD Authorized Agent Signature

Date

Required documents received by: _____

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