



TOWN OF MEDWAY TREE REMOVAL PERMIT APPLICATION

INSTRUCTIONS TO APPLICANT AND OWNER

This Application is made pursuant to the Medway General Bylaws –
ARTICLE 31 – Tree Preservation Bylaw

Depending on the scope and location of the planned tree removal and what other permits are required, this application shall be acted upon by the Conservation Agent, Tree Warden or the Conservation Commission.

You and/or your duly authorized Agent or Official Representative are expected to attend any Commission meetings at which your Application will be considered to answer any questions and/or submit such additional information as the Commission may request.
Your absence at the hearings may result in a delay in review and action.

_____, 20____

SITE INFORMATION

Location Address: _____

The land shown on the plan is shown on Medway Assessor's Map #_____ Parcel(s) #_____

Total Acreage of Land Area: _____

Description of Property and Existing Conditions (or provide and reference an existing conditions plan) _____

Medway Zoning District Classification: _____

Zoning Setbacks: Front: _____ Side _____ Rear _____ See Zoning Bylaw, Table 2

Current Use of Property: _____

Other Permits Granted: _____

APPLICANT INFORMATION

Applicant's Name: _____

Mailing Address: _____

Name of Primary Contact: _____

Telephone: Office: _____ Cell: _____

Email address: _____

____ Please check here if the Applicant is the equitable owner (*purchaser on a purchase and sales agreement.*)

PROPOSED TREE REMOVAL INFORMATION

☐ Single Family Dwelling
 ☐ Subdivision: # of lots:

☐ Two Family Dwelling

☐ Multi Family Development (# of units)

☐ New Commercial or Industrial

☐ Commercial or Industrial Expansion

☐ Redevelopment

☐ Re-grading or Land Disturbance

☐ Other

_____ 6" - 8"
 _____ 8" - 20"
 _____ > 20"

Planning and Economic Development Board	Conservation Commission	Zoning Board of Appeals
___ Subdivision	___ RDA (Request for Determination of Applicability)	___ Special Permit
___ Site Plan	___ Notice of Intent/Order of Conditions	___ Comprehensive Permit
___ Special Permit		___ Variance

CERTIFIED ARBORIST CONTACT INFORMATION

Provide Information from the Certified Arborist on the condition of trees proposed to be removed (describe here or attach):

PROPERTY OWNER INFORMATION (if not applicant)

Property Owner's Name: _____

Mailing Address: _____

Primary Contact: _____

Telephone: Office: _____ Cell: _____

Email address: _____

The owner's title to the land that is the subject matter of this application is derived under deed from: _____ to _____ dated _____ and recorded in Norfolk County Registry of Deeds, Book _____ Page _____ or Land Court Certificate of Title Number _____, Land Court Case Number _____, registered in the Norfolk County Land Registry District Volume _____, Page _____.

CONSULTANT (Official Representative) INFORMATION

ENGINEER: _____

Mailing Address: _____

Primary Contact: _____

Telephone: Office: _____ Cell: _____

Email address: _____

Registered P.E. License #: _____

SURVEYOR: _____

Mailing Address: _____

Primary Contact: _____

Telephone: Office: _____ Cell: _____

Email Address: _____

Registered P.L.S. License #: _____

OFFICIAL REPRESENTATIVE: _____

Mailing Address: _____

Telephone: Office: _____ Cell: _____

Email address: _____

SIGNATURES

The undersigned, being the Applicant and Property Owner for approval of a Tree Removal Permit, herewith submits this application to the Medway Community and Economic Development Department. I certify, under the pains and penalties of perjury, that the information contained in this application is a true, complete and accurate representation of the facts regarding the property and proposed development under consideration.

(If applicable, I hereby authorize _____ to serve as my Agent or Official Representative to represent my interests before the Medway Community and Economic Development Department with respect to this application.)

In submitting this application, I authorize Town staff, its consultants and agents, and members of the Conservation Commission to enter the subject property to access the site during the application review, permitting and enforcement process.

I understand that pursuant to MGL chapter 44, section 53G, the Commission may retain outside professional consultants to review this application and that I am responsible for the costs associated with such reviews.

I understand that Town staff, its consultants and agents, and members of the Commission may request additional information which I am responsible for providing to assist them in reviewing the proposed development.

Signature of Property Owner

Date

Signature of Property Owner

Date

Signature of Applicant (if other than Property Owner)

Date

Signature of Agent/Official Representative

Date

TREE REMOVAL PERMIT Application Checklist

Provide 2 copies of the following items with the application:

_____ Plan showing the location of the trees (within the zoning bylaw setbacks)

_____ Letter from Certified Arborist (if applicable)

_____ Tree Preservation and Mitigation Plan

_____ Proposed Planting List

_____ Maintenance and Protection Plan

Please provide one electronic copy of the submittal

May 1, 2024