

Town of Wales, Massachusetts
Conservation Commission
Tree Cutting Request

Name _____

Owner Name (if different) _____

Property Address _____

Phone _____ Date _____

Email _____

I am the _____ Owner
_____ Arborist / Tree Service
_____ Agent / Other

Number of trees to be cut _____ Is this an emergency request? _____

Please attach a diagram of the property showing the location of the tree(s) along with any structures, roads, etc.

Mark the trees to be removed with a painted X or with a rope or ribbon tied around each one. The commission agent may visit your property during normal working hours to verify the location of the work.

Stumps are to be left in place. No dirt or fill is to be moved or placed during this project. Equipment should not be moved through or immediately adjacent to streams, the lake, or other wetland areas.

The commission will advise of its decision no later than one business day after the next scheduled commission hearing. If the tree work will occur in a resource area (wetland), an additional application may need to be filed with the town and the Mass DEP.

This form can be scanned and emailed to: conservation@townofwales.net

Or mail to: Wales Conservation Commission, 3 Hollow Road, Wales MA 01081

THE BELOW IS TO BE COMPLETED BY WALES CONSERVATION COMMISSION ONLY

Date of site visit _____ RDA Required _____ NOI Required _____

Hearing Date (if applicable) _____

WCC Comments/Conditions:
