## OFFICE OF THE D.F.O JAMMU/SRINAGAR FORM FOR PERMISSION FOR GRANT OF FELLING TREES

To,	The Tree Officer,
	for felling tree/s located in the property situated in & District
I furnish below the following details in	support of my application:
1. Applicant's name & address :(in Block letters)	
	:
3. Title of the applicant i.e. whether : Owner/occupant of the property etc	
4. Name of the Vill.& Kh.no. of the : Property	
5. Total area of the property with:	
Description of the boundaries	
6. Total no. of trees(species-wise) whos dia at a ht.of 30 cm from the ground & the ground.:	whose ht. is not less than 01 mtr. from
7. The exact area (in Sq. mtrs.) from wh (description of the boundaries):	nich felling of trees for which permit is sought
8. Total no. of trees to be felled:	
9. Trees to be felled are numerically nume	mbered in paints, their girth measured at a ht. of tails species are:

Sl. No.	Tree No.	Species
10. Purpose f	for which the felling of	the trees are intended:
11. Intended	use of felled trees (e.g.)	for sale for domestic use etc. :
12. Intended	use of land after felling	of trees:
-		to be planted after felling (give details of arrang- cting trees):
14. Name/s &	address/es of the own	ers/ occupants adjoining property/ies.:
I am enclosin	ng an affidavit & below	mentioned papers in support of my application.
	<u> 1</u>	DECLARATION
•	are that i shall fully sati ecified therein.	sfy & abide by such terms & conditions of the permit
Place:		Applicants Signature
Date:		
Attested copi	ies of:	
1. Property /c	occupancy documents	
2. Plan of the	e property showing the l	Khasra number
3. Enumeration	on list (duly signed by t	he applicant)
4. Latest jam	abandi of land record is	sued by the Tehsildar
5. "No Objection Certificate" from the concerned local body (e.g. NDMC/MCD/DDA)		
6. Boundary	list (duly signed by the	applicant)
7. "No Objec	tion Certificate" from the	ne adjoining property owners
8. Rs. 5/- Co	urt fees stamp.	
(To be signed the purpose)		the presence of Megistrate or authority approved for