



TREE REMOVAL / PRUNING APPLICATION

Owner Information:

Date:		Street Address:	
Lot #:		Owner Name:	
Mailing Address:			
Phone #:		Email:	

Arborist / Tree Service Contractor Information:

Company:		Phone #:	
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Please attach copy of license, insurance certificate, & report from tree service / arborist.

Tree(s) Requested for Removal / Trimming

Location	Species	Diameter @ 4' above ground	Removal or Trim	Reason for Removal / Trimming

Please mark the tree(s) requested for removal / trimming by tying a ribbon around the tree(s).

Fee Paid:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Compliance Deposit Paid:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Amount:	\$ _____	Amount:	\$ _____

Owner's Signature: _____

Date:		<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved	<input type="checkbox"/> Approved with Provisions
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Reasons for Not Approving / Provisions for Approval:

Authorized By:		Signature:	
Phone #:		Email:	
		Permit #:	