

TREE REMOVAL PERMIT APPLICATION

	Submission Date:						
Applicant:							
Property Owner (required):							
Owner Email:	Phone:						
Tree Location Address:							
City:	State:	Zip:					
Tree Removal Company:			Check if TBD				
Phone:	Email:						
Address:							
City:	State:	Zip:					
NOTE: Be sure to complete the next page and submit with signed application. I hereby certify that I have examined this form and that the information shown hereon is true and correct to the best of my knowledge. I am the owner or acting as the authorized owner's agent and will keep the owner informed of the status of this project. Applicable laws and ordinances governing this project shall prevail whether specifically provided in the plan submission or not.							
Applicant Signature: Date:							
Staff Use Only:							
☐ Approved ☐ Disa	Approved Disapproved Permit Valid Through:						
Replacement Trees Require	d:						
Permit Fee:		Permit #:					
City Arborist Signature:							

SITE PLAN SKETCH	(required)

Please provide a simple sketch showing locations of trees. If a sketch is not practical, trees must be marked so that inspector can locate the trees during the site visit prior to approval.

List trees to be removed:

TREE #	SPECIES ¹ (oak, pine, etc.)	SIZE ²	REASON FOR REMOVAL
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			

¹ If species not known, specify hardwood or evergreen.

² Diameter of tree at 4.5 feet above ground.