

APPLICATION FOR TREE REMOVAL PERMIT (INCLUDING CLEARING AND GRUBBING)

Date _____

Name of applicant(s) _____

Address _____

Phone _____

Reason for removal _____

Location of tree(s) being removed: Please circle one or more of the following

Front

Back

Side

North South East West

Are you planning on replacing tree: Yes No

Name of Company removing tree _____

Address _____

Phone _____

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FOR OFFICIAL USE ONLY

APPROVED _____

DENIED _____

Building Commissioner

Date

Fee Collected