

TREE REMOVAL PERMIT APPLICATION

APPLICANT: _____

ADDRESS: _____

TELEPHONE: _____

NAME OF OWNER IF OTHER THAN APPLICANT: _____

LOCATION OF TREE CUTTING: _____

SECTION _____ BLOCK _____ LOT _____

TOTAL LAND AREA TO BE CUT: _____

AVERAGE NUMBER OF TREES TO BE CUT PER ACRE: _____

DIAMETER, IN INCHES, OF TREES TO BE CUT: _____

SPECIES: _____

PURPOSE OF CUTTING: _____

DATE: _____

SIGNATURE OF APPLICANT: _____

SIGNATURE OF OWNER: _____

FOR BUILDING DEPARTMENT USE

APPLICATION & MAP RECEIVED: _____ BOND AMOUNT: _____

DECISION: _____ DATE: _____

AUTHORIZED SIGNATURE-TITLE