



TREE REMOVAL APPLICATION

(Zoning Ordinance Section 6.4)

DATE _____

APPLICANT NAME _____ EMAIL _____

ADDRESS _____ PHONE NO. _____

PROPERTY OWNER NAME _____

ADDRESS _____ PHONE NO. _____

NO. TO BE REMOVED _____ SIZE OF TREES (circumference in inches at 2 feet above ground) _____

SPECIES _____

REASON FOR REMOVAL FOR EACH TREE: _____

PROPOSED NUMBER, TYPE, & SIZE OF REPLACEMENT TREE PLANTINGS: _____

LOCATION ON LOT (Sketch lot, buildings, write in street names & show location of trees to be removed relative to the built features. Number each tree & label with size, & species. Show location of any replacement trees.)

Approved _____ Denied _____

Conditions of Approval _____

Planning Officer Signature _____