



TREE REMOVAL APPLICATION

FEE: \$60.00

APPLICANT NAME _____ EMAIL _____

ADDRESS _____ PHONE No. _____

PROPERTY OWNER NAME _____ EMAIL _____

ADDRESS _____ PHONE No. _____

ARBORIST NAME/ISA # _____

NO. TO BE REMOVED _____ SIZE OF TREES (diameter at breast height, DBH, in inches at 4.5 feet above ground) _____

SPECIES _____

REASON FOR REMOVAL (EACH TREE): _____

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

LOCATION ON LOT (Sketch lot, buildings, write in street names, address, & 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.)

If no action is taken after 6 months of the Date Submitted on this form, this application will be considered expired and void without refund of application fee, unless otherwise stated within the conditions of approval.

PROPERTY OWNER SIGNATURE _____ DATE SUBMITTED _____ PROPOSED TREE REMOVAL DATE _____

Date Approved _____	Denied _____
Conditions of Approval _____	

Planning Officer Signature _____	