



Tree Permit Application

Date: _____

Please Clearly Print All Information unless indicated otherwise.

Tree Address _____

Cross/Corner Street _____

List Tree Name(s) and Quantity _____

Species Type(s) check all that apply () Palm () Flowering () Fruit () Shade () Unsure

Reason(s) for Application:

() REMOVE () Tree Health () Safety () Other/Explain below

() TRANSPLANT () New Location () Same Property () Other/Explain below

() HEAVY MAINTENANCE () Branch Removal () Crown Cleaning/Thinning () Crown Reduction

Other/Explain _____

Reason for Request _____

Property Owner Name _____

Property Owner eMail Address _____

Property Owner Mailing Address _____

Property Owner Mailing City _____ **State** _____ **Zip** _____

Property Owner Phone Number (_____) _____ - _____

Property Owner Signature _____

Representative Name _____

Representative eMail Address _____

Representative Mailing Address _____

Representative Mailing City _____ **State** _____ **Zip** _____

Representative Phone Number (_____) _____ - _____

NOTE: A Tree Representation Authorization form must accompany this application if someone other than the owner will be representing the owner at a Tree Commission meeting or picking up an issued Tree Permit.

Tree Representation Authorization form attached ()

<<<< Sketch location of tree in this area including cross/corner Street >>>>

Please identify tree(s) with colored tape

If this process requires blocking of a City right-of-way, a separate ROW Permit is required. Please contact 305-809-3740.