



OWNER'S NAME: _____

MAILING ADDRESS: _____

PHYSICAL LOCATION (If Different from Mailing Address): _____

MAP _____ LOT _____

TREE COMPANY/ARBORIST NAME: _____

TREE COMPANY/ARBORIST ADDRESS: _____

TREE COMPANY/ARBORIST PHONE NUMBER: _____

ARBORIST LICENSE # _____

DISTANCE FROM PROTECTED RESOURCE: _____ FEET

JUSTIFICATION FOR REMOVAL: _____

SIGNATURE OF APPLICANT: _____ DATE: _____

SIGNATURE OF CEO: _____ DATE: _____

COMPLETE THE SCALED GRID ON REVERSE SIDE TO SHOW TREE(S) LOCATION, TYPE AND SIZE (DBH)
***** ALSO INCLUDE BUILDING LOCATIONS *****

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FOR OFFICE USE ONLY:

REQUIRED PLANTINGS AS CONDITION OF APPROVAL: _____
