



## TREE REMOVAL APPLICATION

OWNER: \_\_\_\_\_ SUBMISSION DATE: \_\_\_\_\_

PHONE: \_\_\_\_\_

ADDRESS OF REMOVAL SITE: \_\_\_\_\_

CONTRACTOR (Name/Phone): \_\_\_\_\_

MAP: \_\_\_\_\_ LOT: \_\_\_\_\_ ZONE: \_\_\_\_\_

**SITE PLAN** (Please show location of trees in reference to property lines and bodies of water, if applicable):

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**COMMENTS/REASONS FOR REMOVAL:**


**\*\*NOTE: RE-INSPECTION IS REQUIRED AFTER TREE REMOVAL\*\***

OWNER SIGNATURE: \_\_\_\_\_

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*For office use only:*

APPROVAL: Yes \_\_\_\_\_ No \_\_\_\_\_ Date of Visit: \_\_\_\_\_

TREE REMOVAL APPROVED BY CEO: \_\_\_\_\_