TOWN OF STANDISH
TREE REMOVAL APPLICATION

OWNER: ______________________ 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):


COMMENTS/REASONS FOR REMOVAL:


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

OWNER SIGNATURE: ________________________________

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For office use only:

ON-SITE VISIT REQUIRED? Yes ____ No ____ Date of Visit: ______________

TREE REMOVAL APPROVED BY CEO: ________________________________