

<u>For Office Use Only:</u>			
Smart Zone	_____	Permit #:	_____
Main Street District:	_____	Date Copy of Tree Preservation Ord. Given:	_____
Historic District:	_____	Planning & Zoning Approval:	_____
Cultural District:	_____	Council District:	_____

**APPLICATION FOR TREE REMOVAL PERMIT**

Date: \_\_\_\_\_

Applicant Name & Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Phone #: \_\_\_\_\_

Options for tree preservation: \_\_\_\_\_ Preservation of existing trees  
 \_\_\_\_\_ Planting of new trees  
 \_\_\_\_\_ Payment into tree mitigation fund

Location of Tree to be removed: \_\_\_\_\_

Number of trees to be removed: \_\_\_\_\_

Type of tree/trees to be removed: \_\_\_\_\_

Number of replacement tree/trees: \_\_\_\_\_

Size of replacement tree trees: \_\_\_\_\_

Type of replacement tree/trees: \_\_\_\_\_

Location of replacement tree/trees: \_\_\_\_\_

\_\_\_\_\_  
 Signature of Applicant