

<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

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