



Tree Permit Application

Please Clearly Print All Information unless indicated otherwise. Date: _____

Tree Address _____

Cross/Corner Street _____

List Tree Name(s) and Quantity _____

Reason(s) for Application:

Remove Tree Health Safety Other/Explain below

Transplant New Location Same Property Other/Explain below

Heavy Maintenance Trim Branch Removal Crown Cleaning/Thinning Crown Reduction

Additional Information and _____

Explanation _____

Property Owner Name _____

Property Owner email Address _____

Property Owner Mailing Address _____

Property Owner Phone Number _____

Property Owner Signature _____

*Representative Name _____

Representative email Address _____

Representative Mailing Address _____

Representative Phone Number _____

*NOTE: A Tree Representation Authorization form must accompany this application if someone other than the owner will be representing the owner at a Tree Commission meeting or picking up an issued Tree Permit.

As of August 1, 2022, application fees are required. [Click here for the fee schedule.](#)

Sketch location of tree (aerial view) including cross/corner street. Please identify tree(s) on the property regarding this application with colored tape or ribbon.