

TREE PERMIT

No. _____

Please Circle One: Tree Removal or Tree Planting
Owners Name: _____

Block No. _____ Lot No. _____ Date _____

Approximate Start Date: _____

Reason for Removal or Planting:

I understand that the person removing the tree must have liability insurance.

Owners Signature: _____

Committee Signature:

1) _____ Date _____

2) _____ Date _____

Show lot & location of planned tree removal/planting.
