

MILTON

TREE REMOVAL PERMIT APPLICATION

Submission Date: _____

Applicant: _____

Property Owner (required): _____

Owner Email: _____ Phone: _____

Tree Location Address: _____

City: _____ State: _____ Zip: _____

Tree Removal Company: _____ Check if TBD

Phone: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

NOTE: Be sure to complete the next page and submit with signed application.

I hereby certify that I have examined this form and that the information shown hereon is true and correct to the best of my knowledge. I am the owner or acting as the authorized owner's agent and will keep the owner informed of the status of this project. Applicable laws and ordinances governing this project shall prevail whether specifically provided in the plan submission or not.

Applicant Signature: _____ Date: _____

Staff Use Only:

Approved Disapproved Permit Valid Through: _____

Replacement Trees Required: _____

Permit Fee: _____ Permit #: _____

City Arborist Signature: _____ Date: _____

SITE PLAN SKETCH (required)

Please provide a simple sketch showing locations of trees. If a sketch is not practical, trees must be marked so that inspector can locate the trees during the site visit prior to approval.

List trees to be removed:

TREE #	SPECIES ¹ (oak, pine, etc.)	SIZE ²	REASON FOR REMOVAL
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			

¹ If species not known, specify hardwood or evergreen.

² Diameter of tree at 4.5 feet above ground.