

Non Protected Tree Removal

Date _____

PERMIT #

TREE REMOVAL FEE: WAIVED

ADDRESS OF SITE:

Property Owner:

NAME: PHONE #:

ADDRESS:

Applicant:

(If applicant is not the owner, please the notarized owner responsibility affidavit signed by the owner)

NAME: PHONE #:

ADDRESS:

Attach the following:

Owner responsibility affidavit*

Affidavit (from arborist) stating that trees to be removed are not protected as per the ordinance

Applicant's signature _____ Date _____

Plan Reviewer:

PARKWAY APPROVAL:

PERMIT ISSUE DATE :