

APPLICATION FOR TREE REMOVAL PERMIT

APPLICATION DATE: _____

NAME: _____

ADDRESS: _____

HOME/CELL PHONE #: _____

DO YOU LIVE IN SMOKE RISE: YES: _____ NO: _____

BLOCK: _____ LOT: _____

NUMBER OF TREES TO BE REMOVED: _____

REASON FOR TREE REMOVAL: _____

NAME OF CONTRACTOR: _____

PHONE NUMBER: _____

PROPOSED DATE OF TREE REMOVAL: _____

PROVIDE A PICTURE OF EACH TREE TO BE REMOVED. (email to kiuele@kinnelonboro.org)

IS THE PROPERTY OCCUPIED? YES _____ NO _____

IF APPLICANT IS NOT THE HOME OWNER, ATTACH A NOTORIZED CONSENT OF THE PROPERTY OWNER

HAVE YOU APPLIED FOR A TREE REMOVAL PERMIT IN THE LAST 12 MONTHS

YES: _____ NO: _____ FOR HOW MANY TREES: _____

IS THIS PROPERTY CURRENTLY BEFORE ANY KINNLEON BOARD (planning, adjustment, construction or health): YES _____ NO _____

HAS THIS PROPERTY RECEIVED A CONSTRUCTION PERMIT OR HAVE ONE PENDING? YES _____ NO _____

HAS A PERMIT FOR A NEW SEPTIC SYSTEM BEEN ISSUED? YES _____ NO _____

HAVE ADAJCENT PROPERTY OWNERS BEEN NOTIFIED YES _____ NO _____

APPLICANT'S SIGNATURE: _____

Permit Fee: \$ _____

Permit #: _____

Date: _____

FOR BOROUGH USE ONLY:

MAP, DRAWING, OR DIAGRAM of trees to be removed on property: Y N

FEES SUBMITTED: APPLICATION FEE: _____ PLACARD FEE: _____

CHECK: _____ CASH: _____

DATE OF ON SITE INSPECTION(S): _____

PERMIT RESTRICTIONS/CONDITIONS: _____

REMARKS: _____

RECOMMENDATIONS: _____

TREE REMOVAL PERMIT IS GRANTED / DENIED AS OF THE DATE BELOW.

REASONS FOR DENIAL:

FORESTER: _____ DATE: _____