



PERMIT # _____

APPLICATION FOR SHORELAND TREE REMOVAL

(\$25.00 Fee)

MAP _____ LOT _____

SITE LOCATION: _____

OWNER: _____

ADDRESS: _____

PRIMARY PHONE: _____ CELL PHONE: _____

MAIL: _____

APPLICANT: If same as above, check box

ADDRESS: _____

PHONE: _____ CELL PHONE: _____

EMAIL: _____

NUMBER OF TREES TO CUT: _____

NUMBER OF REPLACEMENT TREES: _____

EXPLAIN THE REASON FOR TREE REMOVAL: _____

APPLICANT SIGNATURE

DATE

Application Received: _____ Fee Collected: _____

Code Enforcement Officer Received Date: _____ Date CEO Visited: _____

Code Enforcement Officer Signature: _____

Approved Denied Reason: _____