CITY OF JEFFERSON

RIGHT-OF-WAY TREE WORK PERMIT

Parks and Recreation Department

Forestry and Landscaping Section

Application Number: _____ Date: _____

Property Owner Name: _____ Home Phone: _____

Cell Phone: _____

Address: _____ Fax: _____

_____ Zip: _____

Location of tree(s) if different than above address: _____

Reason for permit (please check all that apply)

_____Tree planting (from approved list) _____ Number

_____ Tree pruning (dead wood removal) _____ Tree pruning (structural, thinning)

_____Tree removal: Reason _____

Proposed date of requested work: _____

Remarks: _____

Contractor: i.e. Tree service, nursery, landscaper, etc. (if applicable) _____

Phone(s) _____ Fax: _____

Address: _____ Zip: _____

If permit is granted, I hereby agree to do the work in accordance with the Arboricultural Specifications and Standards of Practice, and directives provided with this application.

Signed: _____ Date: _____

(Property owner or authorized agent)

_____ Date:_____

Contractor (if applicable)

DO NOT COMPLETE BELOW THIS LINE

Inspector's Report

Planting strip width: _____ ft. Zone for: _____

Width of sidewalk: _____ ft. Building type: _____

Width of roadway: _____ ft. Building set back (from walk): _____ft.

Total street width: _____ ft. Ht. overhead lines: _____ft.

Kinds, sizes, conditions of existing trees in block: _____

Proposed tree(s): _____

Signed: _____ Date: _____

(Inspector)

Application approved: _____ Date: _____

(City Forester)

Permit issued: _____ Expires: _____

Date tree planted: _____ By: _____