Permit #	
Date of Submission	

Tree Removal & Riparian Vegetation Removal Application



	Address of Property:						
	Name & Phone/Email of Property Owner:						
	Name & Phone of Removal Contractor:						
	Anticipated Date of Removal/Completion:						
Tre	e Information:						
	 Please List the tree(s) to be remove each. Note the reason(s) for remove. 						
#	Species	DBH	Dead? (y/n)	Reaso	n(s) for remo	oval (if not dead)	
1							
2							
3							
4							
requ	the property; include the following Property Boundaries (note when the content of any buildings on percent of any buildings on percent of any unique information relevant trees with DBH equal to or greater than the cuirements. Cash in lieu of tree mitigation in the project is completed and inspected by the	nerever afferoperty tching # on ant to remo 6 inches, or nay be allow	table a oval processor conifers and, and,	bove, ar cess (i.e s 12 foo or a cash	nd visibly ma . hazard cond t in height or h deposit may	rk in field for ease of cerns, proximity to ro greater may be subje be required and remitte	adway, etc.) ct to tree mitigation ed for tree mitigation
To	be Completed by Town Staff:						
	ESA Exemption Required:			YES	Date App		
	Mitigation Requirements:					ll DBH to be Replante	d:
	,	Amount: \$_					
В	uilding Permit # (where applicable):					•	
	Property Owner: (or Authorized Personnel)	Signature					Date
9	Chris Beiser; Town Arborist:	Signature					Date