



Planning & Zoning Manager

N	OTIFICATION OF	TREE REMOVAL
Property Owner:		
Mailing Address:		
	Email:_	
Property Owners Signature:		Date:
Reason for Request:_		
• Report from arborist or l	ation of the tree(s) to be removed & local landscape architect documenting health led 4 ½ feet above ground level Applications can be emailed to	
TO BE COME	LETED BY DEPARTMEN	NT OF DEVELOPMENT SERVICES
District(s)	Land Lots(s)	Parcel(s)
Inspection Notes & D	ecision:	
DECISION DATE		