

**CITY OF ROCHESTER HILLS
FORESTRY DIVISION
TREE CONSERVATION ORDINANCE
TREE REMOVAL PERMIT APPLICATION**

FORM MUST BE FILLED OUT COMPLETELY

DATE: _____

APPLICANT'S NAME: _____

ADDRESS: _____

_____ **PHONE NO:** _____

INFORMATION ON PROPERTY FOR WHICH THE PERMIT IS REQUESTED:

STREET ADDRESS: _____

SUBDIVISION: _____ **LOT NO.:** _____

SIDWELL NO: _____ **SIZE (ACREAGE OF PARCEL):** _____

PROPERTY OWNER'S NAME: _____

PROPERTY OWNER'S ADDRESS: _____

BRIEF DESCRIPTION WHY TREE REMOVAL IS NECESSARY: _____

SUBMITTAL CHECKLIST (The following items must be provided with application):

_____ \$90.00 Application Fee

_____ Two (2) copies of the Site Plans including all information specified in Sections 126-358 and 126-359 of the Tree Conservation Ordinance (See attached sheet for required details).

Applicant's Name (Please Print)

Applicant's Signature

Date