



BUILDING DEPARTMENT
 215 WEST MAIN STREET
 NORTHVILLE, MI. 48167
 PHONE # (248) 449-9902 FAX # (248) 449-9960

TREE REMOVAL PERMIT APPLICATION

IDENTIFICATION

Applicant/Contractor _____ Phone _____
 Address _____ City, State, Zip _____

PROPERTY LOCATION

Subdivision Name _____ Lot # _____
 Property Address _____
 Type of Tree _____ Approximate Diameter _____

SITE PLAN

Attach site plans, showing location of trees, to be removed and replaced, including species and size.

VALIDATION

I understand that there may be deed restrictions that would prohibit this activity and will check the title for any deed restrictions and/or covenants. I hereby certify that the proposed work is authorized by the Owner of Record and that I have been authorized by the owner to make this application as his/her authorized agent and that we agreed to conform to all applicable laws of this jurisdiction. (Refer to City Ordinance, Section 90, Article 11.)

Applicant's Signature _____ Date _____

Printed Name _____

FOR OFFICE USE ONLY			
PERMIT NUMBER _____	DATE _____	TRANSACTION NUMBER _____	
_____ APPROVED	_____ DENIED		
_____ JAMES H. PENN, CHIEF BUILDING OFFICIAL	_____ DATE		

FEE: \$ _____