



TREE PERMIT

Permit #: _____

Date: _____

Name: _____ Phone: _____

Address: _____

I hereby apply for permission to plant _____ tree(s) in the street right-of-way at _____.

Species of Tree: _____ Size at Maturity: _____

I hereby apply for permission to **remove** _____ **trim** _____ tree(s) in the street right-of-way at: _____

Size of Tree: _____

Work to be completed by: _____

A certificate showing proof of liability insurance must be on file with the City Clerk before a permit will be issued.

SPECIAL NOTES

1. Before doing any digging, contact **IOWA ONE-CALL** at **1-800-292-8989** to locate underground utilities.
2. Mark desired location for planting with a stake. Call (319) 447-3580 for site inspection by City Forester after locates have been marked.
3. Permit holder must notify City Forester within 3 days of completion of work.

I have received a copy of the city's Arboricultural Specifications and Standards of Practice and agree to follow its provisions.

Date Permit Granted: _____ Signed: _____
Applicant

Date Permit Expires: _____ Signed: _____
City Forester

See reverse side of form for City Forester inspection notes.

TO BE COMPLETED BY CITY FORESTER

I have inspected the property listed on the front of this permit and found the

placement maintenance removal

of the street right-of-way tree to be in compliance with the Tree Ordinance and the Arboricultural Specifications and Standards of Practice as established by the City of Marion.

NOTE:

Signed: _____

Date: _____

Drawing of location on property (Please label streets and indicate North.):

