



TREE REMOVAL PERMIT APPLICATION

CITY OF DUBLIN

PERMIT # _____

DATE ISSUED _____

PERMISSION FOR REMOVAL GRANTED BY _____

Division of Planning
5800 Shier-Rings Road
Dublin, Ohio 43016-1236

Phone/TDD: 614-410-4600
Fax: 614-410-4747
Web Site: www.dublin.oh.us

I.

PLEASE SUBMIT THE FOLLOWING:

ONE (1) TREE SURVEY; ONE (1) TREE PRESERVATION PLAN; ONE (1) TREE REPLACEMENT PLAN; and, ONE (1) CERTIFIED ARBORIST REPORT (if required).

II.

PROPERTY INFORMATION: *This section must be completed.*

Current Property Owner(s):	
Mailing Address: (Street, City, State, Zip Code)	
Telephone:	Fax:
Email or Alternate Contact Information:	
Property Address/Location:	

III.

CONTRACTOR/CONTACT INFORMATION. *This section must be completed.*

Contract Person:	Contractor:
Mailing Address: (Street, City, State, Zip Code)	Business Name:
Telephone:	Fax:
Email or Alternate Contact Information:	
Trees Being Removed (Attach separate sheet if necessary):	Reasons for Removal (attach separate sheet if necessary):
Date(s) of Removal:	

IV. STATEMENT OF ACKNOWLEDGEMENT

AUTHORIZATION TO VISIT THE PROPERTY: Site visits to the property by City representatives are essential to process this application. The Owner, as signed below , hereby authorizes City representatives to visit, photograph, take measurements, or other necessary activities on the property described in this application.

I/WE _____ the owner, have read and understand the contents of this application. The information contained in this application, attached exhibits and other information submitted is complete and in all respects true and correct, to the best of my knowledge and belief. Furthermore, signature of this application indicates my authorization for city staff to visit the property in question in order to process this tree removal permit request.

Signature of Applicant:

Date:

ADDITIONAL INFORMATION:

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FOR OFFICE USE ONLY:

Date Received:

Date Approved:

Approved By: