



CITY OF SIDNEY PUBLIC TREE CARE PERMIT APPLICATION

Name: _____

Home Phone: _____

Address: _____

Work Phone: _____

Email Address: _____

1. Location of tree work if different from above address:

2. Are you the owner of this adjacent property? _____ or are you acting as the agent for the adjacent property owner? _____ if so, the property owner's signature is required below.

Signature _____

3. Is the work located in a tree lawn _____, City right-of way _____ or on other public property _____?

4. What is the purpose of this work? (pruning, thinning/removal of branches, removal of a dead/diseased or unsafe tree, adding material around the base of the tree, or other [please explain]) _____

5. Would you like the City Arborist to meet you on site? _____ Date/Time: ___/___/___ _____

6. Please describe the work requested and indicate the number and type of trees involved. If necessary, please illustrate below or on the back of this application to clarify your request.

7. Please indicate the tree service you intend to contract for the requested work.

Self: _____ Contractor: _____

Phone: (_____) _____ Contacted yet? _____

8. What is your goal for when work is to begin and finish? Start Date: ___/___/___ Finish Date: ___/___/___

APPROVED: _____ DENIED: _____ by: _____ Date: ___/___/___

EFFECTIVE PERMIT DATE: From: ___/___/___ To: ___/___/___

**PLEASE RETURN COMPLETED APPLICATION TO: City of Sidney, 415 S. Vandemark Rd., , Sidney, OH 45365
Attn: Martv Keifer. Citv Arborist**

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