



PERMIT APPLICATION
RIGHT-OF-WAY TREE PRUNING
(This permit shall be on site for the duration of the work.)

Location of Work Address: _____

Applicant (Contractor) Information

Name: _____ Company Name: _____

Address: _____

Phone: _____ Email: _____

Property Owner Information (if different than above)

If this is a rental unit, please provide the name and contact number of tenant(s). Use the back side of this form if needed.

Name: _____ Tenant Name: _____

Phone: _____ Email: _____

Describe the work to be performed using current ANSI language: _____

This permit is:

APPROVED

DENIED

FORESTRY PROGRAM REPRESENTATIVE

DATE



In order to receive authorization to prune trees on the City of Cedar Rapids Right-of-Way, contractors must possess current ISA Certified Arborist Certification. Please provide the name and certification number of the Certified Arborist(s) on staff (use the space at the bottom of this page if needed):

Name: _____ ISA Certification #: _____

I have read, understand and agree to conform to all current ANSI and OSHA standards. YES NO

I understand that "topping" and "lion's tailing" is not permitted. YES NO

I have submitted verification of the following worker's compensation and proof of insurance requirements:

- Workers Compensation Insurance meeting the Iowa Law requirements
- \$1,000,000 of General Liability Insurance with the City of Cedar Rapids as additional insured
- \$1,000,000 of Auto Liability Insurance with the City of Cedar Rapids as additional insured
- \$10,000 Bond for Grading, Opening, Working in Public Street and Public Property YES NO

I/We agree to waive, release, indemnify and hold harmless the City of Cedar Rapids, Iowa, its City Council, officers, directors, agents, employees, and volunteers from and against any and all claims, demands, actions, losses, liabilities, costs, and expenses, including reasonable attorneys' fees and damages of any nature whatsoever to any person or property, arising out of the performance or non-performance of this Agreement, regardless of whether caused in part by a party indemnified hereunder.

By signing below, we understand that fines, up to and including the value of the tree and the cost to remove and replace the tree, will be issued to both the homeowner and the contractor should the tree be improperly pruned. We agree to conform to all requirements as stated on this application.

Signature of contractor: _____ Date: _____

Signature of homeowner: _____ Date: _____

ADDITIONAL INFORMATION:

Return Form to:

Parks & Recreation Department - Forestry Program
500 15th Avenue SW, Cedar Rapids, IA 52404
Phone: 319-286-5747 Fax: 319-540-8843