

Right of Way tree pruning permit

(This permit shall be on site for the duration of the work)

This permit is:

____ **APPROVED:** City Arborist: _____ Date: _____

____ **DENIED:** _____

_____ Date: _____

Applicant (Contractor):

Property owner:

Name: _____

Name: _____

Address: _____

Address: _____

City, State, Zip: _____

City, State, Zip: _____

Phone #: _____

Phone#: _____

Work Site Address: _____

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

Name: _____ Phone #: _____

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

