

Please provide a sketch of your property with proposed tree removal project including tree removal and tree replacement plan.



CITY OF HEDWIG VILLAGE
TREE REMOVAL PERMIT APPLICATION

Permit Number: _____ Date Issued: _____
(For Office Use)

Owner's Name: _____

Property Address: _____

Home Phone Number: _____ Cell Number: _____

Tree Removal Contractor: _____

Contractor Phone Number: _____

Request For Permit Solely For Inspection and Removal of the Following:

Per approval of this permit of which the issuance is pursuant to City Ordinances 395 and 411. This permit shall become null and void if work authorized is not commenced within 60 days or if work is not completed within 180 days. This permit is subject to being revoked or suspended for violations of any city ordinance.



Applicant Signature

Turn page to add sketch