



Date submitted: _____
 Permit Number: _____

Street Tree Permit Application

A permit is required for removal, pruning and planting of street trees in the public right of way.
 All work must be performed by an International Society of Arboriculture Certified Arborist or
 Certified Tree Worker. (SMC 12.02.910)

PLEASE PROVIDE ALL INFORMATION & ALLOW 2 WORKING DAYS FOR PERMIT PROCESSING & RESPONSE

Applicant Information	Project Information
Contact Name: _____	Project Name/No.: _____
Organization: _____	_____
Arborist Cert. No.: _____	_____
Fax: _____	_____
Phone: _____	Estimated Start Date: _____
Email: _____	Estimated Completion: _____
Tree Location	Property Owner Information <input type="checkbox"/> Check if Same
Address: _____	Name: _____
_____	Address: _____
Site Placement: _____	Phone: _____
Check type of permit(s) requested	
<input type="checkbox"/> Planting <input type="checkbox"/> Pruning <input type="checkbox"/> Removal <input type="checkbox"/> Other - Specify: _____	
Number and type of trees: _____	
Describe work to be performed: _____	

* Please attach additional information if necessary.	
URBAN FORESTRY PROGRAM USE ONLY BELOW THIS LINE	
Pre-inspection Date: _____	<input type="checkbox"/> Approved <input type="checkbox"/> Denied
Signature: _____	
Recommendations: _____	

Post-inspection Date: _____	<input type="checkbox"/> Approved <input type="checkbox"/> Denied
Signature: _____	