

Building Office Router #: _____

City of Farmington Hills
Department of Planning and Community Development
TREE PERMIT
(248) 871-2540

Permit No. _____
Application Date: _____

Property Address/Location: _____ Lot #: _____

Owner: _____ Phone: _____

Owner Address: _____

Applicant Name: _____ Phone: _____

(if other than owner)

Relationship of Applicant to Property: _____

CHECK ONE: (NEW)

- | | |
|--|---|
| <input type="checkbox"/> Single Family Residential
<input type="checkbox"/> Attached Cluster Residential
<input type="checkbox"/> Multi-Family Residential | <input type="checkbox"/> Commercial/Office/Industrial
<input type="checkbox"/> Utility
<input type="checkbox"/> Other: Explain: _____ |
|--|---|

CHECK ONE: (OCCUPIED)

- | | |
|--|--|
| <input type="checkbox"/> Single Family | <input type="checkbox"/> Other: Explain: _____ |
|--|--|

PROPOSED ACTIVITY: (Attach additional sheet if necessary)

PROTECTED TREES TO BE REMOVED (6" DBH* OR GREATER: NON-LANDMARK)	Type	*DBH	Quantity
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

* Diameter at Breast Height

LANDMARK TREES TO BE REMOVED	Type	*DBH	Quantity
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

REPLACEMENT TREES TO BE PLANTED ON-SITE	Type & Caliper/Height	Quantity
_____	_____	_____
_____	_____	_____

REPLACEMENT TREES FOR PUBLIC DISTRIBUTION	Type & Caliper/Height	Quantity
_____	_____	_____
_____	_____	_____

Remarks: _____

Applicant Signature: _____

FOR OFFICE USE ONLY

SUPPORT DOCUMENTS	Required	Provided
Tree Location Survey	_____	_____
Removal of Trees Marked in the Field	_____	_____
Protected Trees Barricaded and Protected.....	_____	_____
Escrow for Replacement Trees On-Site (Trust # _____).....	_____	\$ _____
Cash Deposit for Replacement Trees for Public Distribution (Account # 701000-500-273-850)	_____	\$ _____
Approved:	_____	
Approved with Conditions:	_____	
Denied:	_____	
Explanation: _____		

Department Signature

Date