



Application for Tree Permit

Date Received _____ Application Number _____

Permit request: Planting Tree Removal Pruning/Topping

Applicant Information

Applicant Name _____ Applicant Phone _____

Applicant Address _____ Fax Number _____

Mailing Address (If different than above) _____

Contact Person (If different than applicant) _____

Please complete the following information:

Location of Tree(s) _____

Assessor's Map _____ Tax Lot _____

Number of Trees _____

Proposed Replacement Tree Species _____

Name of person or business doing work _____

Arborist Information (If applicable)

Arborist Name _____ Phone _____

Address _____ Fax Number _____

Mailing Address (If different than above) _____

Requested Work Date: _____

I hereby certify that the statements and information contained in this application, including any attached documents, are in all respects true and correct. I understand that a non-refundable fee of \$10.00 is required for processing this application and that I will be notified within the next five working days to whether my application was approved or denied.

Applicant Signature _____ **Date** _____

Permit Approval/Denial (for office use only)

Paid Application Fee

Application Approved (Permission is granted to proceed with request)

Application Denied because _____

Authorizing Official Signature _____ **Date** _____

CITY OF COBURG ♦ PUBLIC WORKS P.O. BOX 8316 91069 NORTH WILLAMETTE STREET
COBURG, OREGON 97408 PHONE 541-682-7856, FAX 541-485-0655