



City of Sidney

CITY OF SIDNEY TREE CARE PERMIT APPLICATION

Name: _____

Phone: _____

Address: _____

Cell Phone: _____

Email: _____

1. Location of tree work if different from above address:

2. Are you the property owner or acting agent for property owner? _____

Signature of owner/agent _____

3. Location of work: Tree lawn _____ City right-of way _____ Other public property _____

4. Purpose of work: (pruning, thinning/removal of branches, removal of a dead/diseased or unsafe tree, adding material around the base of the tree, or other) _____

5. Meet with City Arborist: Y ___ N ___ Date/Time: ___/___/___ _____

6. Describe the work requested and indicate the number and type of trees involved: (if necessary, please illustrate on the back of this application to clarify your request)

7. Work performed by:

Self: _____ Contractor Name: _____

Contractor Address: _____ Phone: _____

8. Start Date: _____ Completion Date: _____

APPROVED: _____ DENIED: _____ By: _____ Date: _____

EFFECTIVE PERMIT DATE: From: _____ To: _____

**PLEASE RETURN COMPLETED APPLICATION TO: City of Sidney, 415 S Vandemark Rd, Sidney, OH 45365
Attn: Brian Green, Street Supt**

COPIES: Applicant; Street Dept; City Tree Board