



# CITY OF SIDNEY PUBLIC TREE CARE PERMIT APPLICATION

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_

\_\_\_\_\_

Email Address: \_\_\_\_\_

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

\_\_\_\_\_

2. Are you the owner of this adjacent property? \_\_\_\_\_ or are you acting as the agent for the adjacent property owner? \_\_\_\_\_ if so, the property owner's signature is required below.

Signature \_\_\_\_\_

3. Is the work located in a tree lawn \_\_\_\_\_, City right-of way \_\_\_\_\_ or on other public property \_\_\_\_\_?

4. What is the purpose of this work? (pruning, thinning/removal of branches, removal of a dead/diseased or unsafe tree, adding material around the base of the tree, or other [please explain]) \_\_\_\_\_

\_\_\_\_\_

5. Would you like the City Arborist to meet you on site? \_\_\_\_\_ Date/Time: \_\_\_/\_\_\_/\_\_\_ \_\_\_\_\_

6. Please describe the work requested and indicate the number and type of trees involved. If necessary, please illustrate below or on the back of this application to clarify your request.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Please indicate the tree service you intend to contract for the requested work.

Self: \_\_\_\_\_ Contractor: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Contacted yet? \_\_\_\_\_

8. What is your goal for when work is to begin and finish? Start Date: \_\_\_/\_\_\_/\_\_\_ Finish 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: Martv Keifer. City Arborist**

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