



City of Tucker Tree Removal Application

	Address of Proposed Tree Removal		
PROPERTY OWNER	Owner's Name:		
	Owner's Address:		
	Phone:	Email:	
	Property Owner/Agent permission to remove trees? <input type="checkbox"/> Yes <input type="checkbox"/> No		
TREE (S) TO BE REMOVED	Species:	Diameter: *	Reason for Proposed Tree Removal:
	Tree #1:		
	Tree #2:		
	Tree #3:		
	Tree #4:		
	Tree #5:		
	Tree #6:		
	Required Photo of Each Tree – Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Required Sketch of Property Showing Building and Trees to be Removed – attached? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Required Arborist Letter for dead, dying, diseased and/or insect infested tree - <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		
Is there a stream in proximity to your property? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, you may be required to submit a survey illustrating proposed trees are not in the City's 75 foot Stream Buffer.			
Lot Size:	Number of Trees Remaining:		
AUTHORIZED SIGNATURE	I understand that the City of Tucker's Tree Protection Ordinance requires that I maintain canopy coverage consistent with Chapter 14, Section 14-39. I further attest that this documentation and statements included in this application are true and correct. If any information is found to be false or misrepresented, the permit will be deemed invalid.		
	Applicants' Name:	Date:	
	Applicant's Signature:		
STAFF	Received By:	Parcel ID:	Date Received:
	Permit Number:	Decision:	Date Issued:

*Please note the diameter for each tree should be given at 4.5' above ground.