

Permit #

**CITY OF PLYMOUTH  
TREE PLANTING**

201 S. Main Street Plymouth, MI 48170  
Ph. 734-453-7737 ext. 115  
[www.plymouthmi.gov](http://www.plymouthmi.gov)

**I. Site/Project Information**

Site Address(es)		Date of Application	
Name of Property Owner	Phone Number	Email Address (Required)	
Mailing Address	City	State	Zip Code

**II. Applicant and Contact Information**

Indicate Who the Applicant Is. If property owner, Skip to Section III.	<input type="checkbox"/> Property Owner <input type="checkbox"/> Contractor		
Contractor Company Name	Applicant's Name		
Phone Number	Email Address (Required)		
Contractor Company Address	City	State	Zip Code

**III. Tree Planting Plan**

Indicate the Type of Tree(s) being Planted	<input type="checkbox"/> Street Tree(s)	<input type="checkbox"/> Private Tree(s)	<input type="checkbox"/> Park Tree(s)
Tree Species	Location (Street or Front/Side/Rear Yard)	Quantity	Diameter of tree at 4.5 feet above grade (in inches)

**IV. Applicant Signature**

By signing below, I hereby certify all information is true and accurate to the best of my knowledge and is in accordance with applicable City Ordinances. I authorize the City or a City Contractor to enter my property to inspect, take photos, and review the information provided in this application and collect information on all trees on the subject property.	
Signature of Applicant	Date
Signature of Property Owner (If different from Applicant)	Date