

Permit #

**CITY OF PLYMOUTH
TREE REMOVAL**

201 S. Main Street Plymouth, MI 48170
Ph. 734-453-7737 ext. 115
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	<input type="checkbox"/> Tenant/Lessee
Contractor Company Name	Applicant's Name		
Phone Number	Email Address (Required)		
Contractor Company Address	City	State	Zip Code

III. Type of Tree Removal

Indicate the Type of Tree(s) being Removed	<input type="checkbox"/> Street Tree(s)	<input type="checkbox"/> Private Tree(s)	Use additional sheets if required.
Tree Species	Location (Street or Front/Side/Rear Yard)	Check if Tree(s) is(are) Dead, Diseased, or Dying	Diameter of tree at 4.5 feet above grade (in inches)
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	

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