

**TOWNSHIP OF FLORENCE
APPLICATION FOR
TREE REMOVAL / TRIMMING/ PLANTING**

No. _____

Date Received _____

Please Print

Property Owner _____

Address _____

Phone No. _____

Block _____ Lot _____

WORK TO BE PERFORMED: (check one)

Elevate/Trim/Prune Removal Planting

Proposed date of work: _____

PLEASE INDICATE THE REASON WHY THIS WORK IS BEING PERFORMED: Tree is _____

PLEASE INDICATE THE EXACT SPECIES AND COMMON NAME OF THE TREE(S) BEING PLANTED:

WORK TO BE PERFORMED BY: (check one)

Self Other

Name _____

Address _____

Phone No. _____

**SITE DRAWING: INDICATE THE LOCATION OF THE HOUSE OR BULDING, THE SIDEWALK(S),
AND TREE(S) TO BE PLANTED, TRIMMED, REMOVED, OR ELEVATED.**

To Be Completed By Inspector

Approved **Denied**

Reason _____

Signature _____

Date _____