



TOWN OF SEVEN DEVILS
TREE REMOVAL/PRUNING PERMIT
DEVELOPED PROPERTY

DATE: _____

SEVEN DEVILS PROPERTY LOCATION: _____

PROPERTY OWNER: _____

PHONE: _____ E-MAIL: _____

CONTRACTOR: _____ PHONE: _____

SIGNATURE*: _____

*By signing the permit, the above understands that if any information is incorrect and/or changes, the above is subject to a fine.

Removal of tree(s) on developed property – check only one of the blue boxes on the left for each tree:

Tree(s) no longer alive. If applicable, please indicate the number of Tree(s) here: _____

Tree(s) pose a safety hazard to nearby buildings, utility lines or pedestrians or vehicular traffic.
If applicable, please indicate the number of Tree(s) here: _____

Tree(s) are located within ten feet of the perimeter of a building or related driveway/parking area.
If applicable, please indicate the number of Tree(s) here: _____

Two or more protected trees are so close that they are interfering with each other's growth.
If applicable, please indicate the number of Tree(s) here: _____

Pruning/Trimming Tree(s). If applicable, please indicate the number of Tree(s) here: _____
Reason: _____

Tree Removal for view purposes. (Property owner must meet with the Zoning Administrator to determine if possible and a location for a new tree/and or planting). If applicable, please indicate the number of Tree(s) here: _____

Other. (please specify) If applicable, please indicate the number of Tree(s) here: _____

Please submit sketch of tree(s) to be removed. Use a separate sheet if more space is needed.



For internal use only

Permit Approved _____ Not Approved _____

Method of brush removal _____

Completion date of tree and debris removal _____

Comments/Reasons:

Zoning Administrator Signature: _____

Date: _____ Expiration Date: _____

(This permit expires 90 days after application approval)