Building Office Router #:_____

<div align="center">

City of Farmington Hills
Department of Planning and Community Development
TREE PERMIT
(248) 871-2540
</div>

Permit No.
Application Date: _____

Property Address/Location: _____ Lot #:_____

Owner: _____ Phone: _____

Owner Address: _____

Applicant Name: _____ Phone: _____
(if other than owner)

Relationship of Applicant to Property:_____

CHECK ONE: (NEW)

☐ Single Family Residential   ☐ Commercial/Office/Industrial

☐ Attached Cluster Residential   ☐ Utility

☐ Multi-Family Residential   ☐ Other: Explain: _____

CHECK ONE: (OCCUPIED)

☐ Single Family   ☐ Other: Explain: _____

PROPOSED ACTIVITY: (Attach additional sheet if necessary)

PROTECTED TREES TO BE REMOVED	Type	*DBH	Quantity
(6" DBH* OR GREATER: NON-LANDMARK)	_____	_____	_____
* Diameter at Breast Height	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

LANDMARK TREES TO BE REMOVED	Type	*DBH	Quantity
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

	Type & Caliper/Height	Quantity
REPLACEMENT TREES TO BE PLANTED ON-SITE	_____	_____
REPLACEMENT TREES FOR PUBLIC DISTRIBUTION	_____	_____

Remarks: _____

_____

_____

Applicant Signature:_____

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FOR OFFICE USE ONLY
</div>

SUPPORT DOCUMENTS	Required	Provided
Tree Location Survey	_____	_____
Removal of Trees Marked in the Field	_____	_____
Protected Trees Barricaded and Protected	_____	_____
Escrow for Replacement Trees On-Site (Trust #_____)		$ _____
Cash Deposit for Replacement Trees for Public Distribution (Account # 701000-500-273-850)		$ _____
Approved:	_____	
Approved with Conditions:	_____	
Denied:	_____	

Explanation: _____

_____

_____   _____
           Department Signature   Date