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## TREE REMOVAL PERMIT APPLICATION

OFFICE USE ONLY								
Permit #								

PROJECT INFORMATION										
Property Address:										
☐ Residential						☐ Commercial				
Resident Name:				Pho	Phone:					
Resident Email:					Fax	Fax:				
Contractor Name:					Pho	Phone:				
Contractor Email:					Fax	Fax:				
TREE REMOVAL DETAILS										
COMMERCIAL TREE REMOVAL REQUESTS <u>MUST</u> INCLUDE A SITE LANDSCAPE PLAN IDENTIFYING THE LOCATION OF TREE(S) TO BE REMOVED <u>AND</u> REPLACEMENT TREE(S)										
Number of trees to be removed:					Nur	Number of trees to be replaced:				
Reason(s) for removal:										
☐ Poor Condit	ion		☐ Hazardous			Dead			ther	
1. Diameter of Tree	e: "	Specie	Species:		5.	Diameter of Tree:	"	Specie	es:	
2. Diameter of Tree	e: "	Species:			6.	6. Diameter of Tree:		Species:		
3. Diameter of Tree	e: "	Species:			7.	7. Diameter of Tree:		Specie	es:	
4. Diameter of Tree	ree: " Specie		s:			Diameter of Tree:	"	Specie	es:	
Location of Tree	(s):	Front Yard			Rear	Rear Yard		Side Yard		
Please list associated numbers with proper locations (ex 1, 6, 8)					Villaç	ge Right-of-Way	y 🗆	Con	Conservancy Area	
Identifying characteristics and/or										
marker (paint, ribbon, flag, etc.):  APPLICANT SIGNATURE										
The Village shall review and render a decision on the application within ten (10) business days from										
receipt of a properly completed application. By signing below, the Application acknowledges all fees and work must be conducted in accordance with Section 13-1 of the Lincolnshire Village code.										
Signature:							Date	:		
Name (Print):										
Any tree or grouping of trees six (6) inches or greater may not be removed without a tree removal permit. Tree trimming does not require a permit, but is recommended to be done by a certified arborist. A permit fee and cash bonds may be required upon issuance of permit.										

Submit the completed application to <a href="mailto:TreePermit@lincolnshireil.gov">TreePermit@lincolnshireil.gov</a> or to the address/fax below.