



Tree Removal Permit Application

Permit # _____

Address of proposed Tree Removal: _____

Property

Property Owner: _____ Phone: _____

Contact Name: _____ Email: _____

Address: _____ Suite # : _____

City: _____ State: _____ Zip: _____

Property owner/ Agent has given permission to remove Tree(s): _____ Yes Tax parcel # _____ - _____ - _____ - _____

Is property an owner occupied, single family residence: _____ Yes (50\$ Permit fee)

Is there a stream in proximity to the property: _____ Yes _____ No *If yes, a survey may be required to show that trees to be removed are not in the 50' stream buffer.*

Applicant

Applicant is: _____ Property owner _____ Tree contractor (*Complete this section*). Arborist Certification # : _____

Applicant's name: _____ Phone # _____

Company Name: _____ Email _____

Address: _____ Suite # : _____

City: _____ State: _____ Zip: _____

Tree Information

Measure the diameter of trees at 4.5 feet above the ground (DBH). Show measurement in inches.

Tree:	Species:	Diameter (DBH)	Reason for tree removal:
1			
2			
3			
4			
5			

Lot Size: _____ SF/Acres (circle one) Estimated number of trees to remain on property: _____

Required Attachments

	One (1) photo of each tree to be removed
	Sketch of property, showing location of building(s) and tree(s) to be removed
	Arborist's letter verifying any, dead, dying, diseased, and/or insect-infested trees

Certification

I hereby certify that all information provided herein is true and correct and that I have read and understood the information provided in the city of Dahlonega tree removal permit application.

Applicant Signature: _____ Date: _____

Staff Determination: _____ Approved _____ Denied _____ By _____ Date _____