



VILLAGE OF LINCOLNWOOD

Tree Permit Application

Project Address: _____ **Permit Number:** _____

PROPERTY OWNER INFORMATION

Name: _____ Phone: _____

Address: _____

E-mail: _____

CONTRACTOR INFORMATION

Name: _____ Phone: _____

Address: _____

E-mail: _____

TREE REMOVAL INFORMATION

Diameter of Tree(s): _____ (Trees less than 8" do not require a permit)

Species of Tree(s): _____

Explain Why Tree(s) are to be Removed: _____

Contractors must be licensed before permit is issued. All applications require a copy of the contract/proposal showing scope and cost of work and a plat of survey or drawing showing the location of the trees to be removed.

Submission of this application authorizes the Village and its representatives to enter the property for the sole purpose of performing the required inspection.

Applicant Signature: _____ **Date:** _____