



VILLAGE OF LINCOLNWOOD COMMUNITY DEVELOPMENT DEPARTMENT

Tree Management Permit

Permit Number: _____ Date: _____

PROPERTY INFORMATION

Owner Name: _____

Owner Address: _____

Owner Phone Number: _____

CONTRACTOR INFORMATION

Company Name: _____

Company Address: _____

Company Phone Number: _____

TREE REMOVAL INFORMATION

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

Species of Tree(s): _____

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

****A PLAT OF SURVEY OR DRAWING OF THE PROPERTY IDENTIFYING ALL TREES MUST BE INCLUDED WITH THIS APPLICATION****

Signature of Applicant: _____ Date: _____

Note: Approval of this application authorizes the Village and its representatives to enter the property listed above at any time.

Office Use Only

___ Building Envelope ___ Deferred/Nuisance ___ Dead, Dying, Diseased

___ Replacement Fee Required ___ Tree Replacement on Property