

Wisconsin Dells City Tree Permit

Application Number

Permit Requested:

Removal  Replant  New  Trim  Treat

Applicant Name  Mailing Address  Tel

Contractor Name and Type	Lic/Cert#	Mailing Address	Tel & Fax

Project Location:

Building Address  Subdivision Name  Lot No.

Project:

Diggers Hotline Confirmation Number  Est. Start Date  Est. Completion Date

Number of trees being removed  Reason for Removal  Number of trees being planted

**I (APPLICANT) WILL TREAT MY STREET TREE WITH AN INSECTICIDE/CHEMICAL TREATMENT AT MY OWN EXPENSE TO PREVENT AN INFESTATION SUCH AS EMERALD ASH BORER. I UNDERSTAND THAT IF THE TREE DIES, THE USUAL PROTOCOL OR SHARING THE REMOVAL EXPENSE WILL BE SHARED WITH THE CITY.**

Species of Trees being planted	Supplier

Please attach site plan or sketch

Applicant (Print)  Sign  Date

Approval Conditions  This permit is issued pursuant to the following conditions

Permit(s) issued  
Removal  Trim   
Replant  Treat   
New   
Permit issued by  Date