



RESIDENTIAL TREE REMOVAL APPLICATION

65 Lawrenceville Street, Norcross, Georgia 30071

Telephone: 678-421-2027

Facsimile: 770-242-0824

OWNER INFORMATION

Owner's name: _____
Owner's address: _____
Phone: _____ Fax: _____ Email: _____

APPLICANT'S CONTACT INFORMATION

Contact name: _____
Company Name: _____
Contact address: _____
Phone: _____ Fax: _____ Email: _____

PROPERTY INFORMATION

Address where tree removal to occur: _____

TYPE OF TREE(S) TO BE REMOVED

Tree # 1 species _____ Diameter of Tree #1 at 4.5' above ground _____
Tree # 2 species _____ Diameter of Tree #1 at 4.5' above ground _____
Tree # 3 species _____ Diameter of Tree #1 at 4.5' above ground _____
Tree # 4 species _____ Diameter of Tree #1 at 4.5' above ground _____
Tree # 5 species _____ Diameter of Tree #1 at 4.5' above ground _____
Tree # 6 species _____ Diameter of Tree #1 at 4.5' above ground _____

REASON FOR TREE REMOVAL REQUEST

REQUIRED ITEMS AND ATTACHMENTS

- Photo of each tree to be removed
- Diameter of each tree to be removed
- Original Signature of Owner/Agent or Applicant
- Sketch of property showing house and trees to be removed

STATEMENT

I understand that the City of Norcross' Tree Ordinance requires that trees 28" in diameter or larger must have a signed statement from a State of Georgia arborist, forester or registered landscape architect explaining why the tree must be removed. I further attest that the documentation and statements included in this application are true and correct.

Signature of Owner or Applicant

Date

CITY USE ONLY. DO NOT WRITE IN THIS BOX.

Decision Date: _____ Permit Number: _____
Decision: Approval _____ Denial _____ Director, CDD: _____
Notes: _____