



City of Chillicothe Tree Permit Application

To Be Completed by Property Owner:

Name: _____ Mailing Address: _____

Phone Number: _____ Email Address: _____

Tree Address (if different from above) _____

Permit requested to **PRUNE** or **REMOVE** or **PLANT**. If desired action is pruning or removal, please state reason for such action. If permit is to plant a tree, please identify the type and size of tree to be planted.

Owner Comments:

It is understood and agreed that if this application is granted, the property owner(s) is to have the work done in a professional workmanlike manner. To comply with any special instructions stated below, remove from the street debris or dirt and to replace the paving and lawn and leave them coincident with the surrounding landscape. It is further agreed that the applicant will save the City free and harmless from all damage to nearby and abutting property. It is further agreed to comply with all the provisions or all ordinances of the City of Chillicothe in relation hereto and in accordance with the laws of the State of Ohio.

Name of Tree Contractor: _____ Phone Number: _____

Email completed form to tree@chillicotheoh.gov or mail to the Parks Dept. at 35 S Paint St. Chillicothe, OH 45601

To Be Completed by Tree Commission Member or City Official:

Member Name: _____ Permit Number: _____ Date Inspected: _____

Type of tree: _____ Size: _____

Is the tree located on City right of way? _____ Right of Way Width: _____

Request Approved: _____ Yes _____ No _____ Not Required

Tree Commission Comments:

Safety Service Director: _____ Date: _____

Permit Approved: _____ Yes _____ No _____ Not Required