

Tree Permit Application



Tree Permitting Program
 335 S. Warrant St
 South Lyon, MI 48178
 T (248) 437-1735 F (248) 486-0049

FOR DEPARTMENTAL USE ONLY	
Date Received:	Application Number:
Received By:	Application Fee (other fees may be applicable):

Application Type: Removal Relocation Removal & Relocation Modification Extension
 After-the-Face: Yes No

Application must be filled out in its entirety. Please indicate N/A for non-applicable fields.

<p>1. Applicant Information: Name: _____ Address: _____ _____ Zip Code: _____ Phone #: _____ Fax #: _____ Email: _____ *This should be the applicant/owner's information for contact purposes.</p>	<p>2. Applicant's Authorized Permit Agent: The name and contact information for the Agent that is authorized by the owner to process the application, furnish supplemental information relating to the application and bind the applicant to all requirements of the application/permit document. Name: _____ Address: _____ _____ Zip Code: _____ Phone #: _____ Fax #: _____ Email: _____</p>
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3. Site Location and Description where the proposed activity exists or will occur:
 Parcel#(s): _____
 Site Address: _____ Does
 intended use of the property require re-zoning or plat? Yes No
 City or Town: _____

4. Current Use/Location of Trees (Check all that apply):
 Single Family Multi-Family Commercial Business Agricultural Swale/Right-of-Way Other

5. Work Description:
 Building permit process number (If Applicable): _____
 Number and type of tree(s) to be removed, or relocated. Include trees affected by improper trimming or removed without a permit:

 Location of the tree(s) stated above: _____

 Reason for permit request: _____

 Attachments (check all that apply): (e.g. site sketch, plans etc.):
 Site Sketch Plans Photographs Arborist Assessment Tree Survey Other _____

6. IMPORTANT NOTICE TO APPLICANT:

The written consent of the Property Owner is required for all application to be considered complete. Your application WILL NOT BE PROCESSED unless the Property Owner consent portion of the application is completed below. You have the obligation to notify the Department in writing of any changes to information provided in this application

Application is hereby made for a City of South Lyon tree permit to authorize the activities described herein. I agree to or affirm the following:

- I possess the authority to authorize the proposed activities at the subject property, and
- I am familiar with the information, data and plans contained in this application, and
- To the best of my knowledge and belief, the information, data and plans submitted are true, complete and accurate, and
- I am authorizing the permit agent listed in Section 2 of this application to process the application, furnish supplemental information, and bind the property owner(s) to all requirements of this application/permit document, and
- I agree to provide access and allow entry to the project site to inspectors and authorized representatives of the City of South Lyon for the purpose of making the preliminary analyses of the site and to monitor permitted activities and adherence to all permit conditions.

Signature of Applicant

Print Applicant's Name

Date

B. WRITTEN CONSENT OF THE PROPERTY OWNER FOR THE PROPOSED WORK LOCATION

I/We are the owner(s) of the real property located at _____

_____. I/we am/are aware and familiar with the contents of this application for City of South Lyon tree permit to perform the work on the subject property, as described in this application. I/we hereby consent to the work described in this tree permit application.

Signature of Property Owner

Print Property Owner's Name

Date