Community Development Department - Planning & Zoning Division

204 N. Ridge Avenue Tifton, GA 31794

Phone: 229-391-3950

Email: Permits@tiftonga.net

Tree Work & Removal Permit Application

I. Applicant Information

Applicant Name: _____

Company/Association (if applicable): _____

Address: _____

Phone: _____

Email: _____

II. Contractor Information

(Required if you are contracting with another person/corporation to perform the work)

Contractor Name: _____

License Number: _____

Phone: _____

Email: _____

III. Project Location

Street Address of Work: _____

Nearest Cross Street: _____

Location of Tree(s):

[ ] Front Yard (Right-of-Way)

[ ] Side Yard (Right-of-Way)

[ ] Median/Public Park

[ ] Other: _____

IV. Type of Work Requested (Check all that apply)

Per Sec. 86-6, a permit is required for any of the following activities on public land:

Action	Description
[ ] Removal	Complete removal of a tree.
[ ] Pruning/Cutting	Removal or cutting back of limbs (Sec. 86-6).
[ ] Planting	Planting new trees or shrubs on public land.
[ ] Spraying	Application of chemical treatments.
[ ] Excavation/Trenching	Digging, compacting, or displacing soil near public trees.

V. Reason for Request

Please indicate the primary reason for this request (Ref: Sec. 86-5):

[ ] Tree is in an unsafe condition / Danger tree

[ ] Interferes with public utilities

[ ] Interferes with street utilization (traffic/pedestrian safety)

[ ] Tree is diseased / Insect infestation

[ ] Construction / Development

[ ] Other: _____

VI. Written Plan Description

Sec. 86-6 requires a written plan to be submitted prior to any work being performed. Please describe the work in detail below (or attach a separate sheet).

VII. Site Diagram

Please sketch the location of the tree(s) relative to the street, sidewalk, and structures. Mark the tree(s) to be removed/worked on with an "X". Mark the sketch to show the location of the tree(s) being removed, any trees that will remain and any trees being planted to meet the tree requirement: ***Provide and attach photographs of the tree(s) showing area(s) of concern.***

VIII. Conditions & Acknowledgments

1. **Prohibitions:** I understand that it is a violation to attach any rope, wire, chain, sign, or other device to any tree on public land.
2. **Submittal Requirements**: Submit this application along with the completed General Permit Application
3. **Timeline:** I understand that any application shall be reviewed within **30 business days** of submission and notice will be given for approval or denial.
4. **Corrective Action:** I understand that trees severely damaged by storms or trees under utility wires should be reported to the City for corrective action rather than treated by private individuals without a permit.
5. **Liability:** I agree to abide by all City ordinances and safety standards.

Applicant Signature: _____

Date: _____

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Date Received: _____
Received By: _____
Tree Board Consultation Required? [ ] Yes [ ] No
Date Consulted: _____
Determination: [ ] APPROVED [ ] DENIED (Reason provided in writing below)
Notes/Conditions: _____

Director of Community Development (or Designee) Signature:
_____

Date: _____