CITY OF GRANDVIEW HEIGHTS – PARKS & RECREATION DEPARTMENT

PUBLIC RIGHT-OF-WAY PLANTING PERMIT

Property Owner Name: _____ Address: _____

Phone Number: _____ Email: _____

Type of Tree(s) to be Planted: _____ Quantity: _____

Tree Size (Caliper): _____ Purchased from: _____

Location of Planting (Attach Landscape Plan if necessary): _____

_____

By submitting this application, I acknowledge that once planted, the requested tree will come under the jurisdiction of the City of Grandview Heights' Tree Ordinance (94-10 of the Codified Ordinances). I further acknowledge that I will be responsible for routine maintenance of the tree (i.e. watering, mulching, basic pruning, etc.).

Signature: _____ Date: _____

The above stated request for tree planting or landscaping on the public right-of-way within the corporation limits of the City of Grandview Heights, Ohio, has been reviewed and approved as noted with revisions, if necessary. Planting will occur on approved site(s). See attached diagram.

Signature P&R Director: _____ Date: _____