

RESIDENTIAL TREE REMOVAL APPLICATION

03 Lawrencevine Sue	et, Norcross, Georgia 300	71 Telephone. 078-421-202	/ racsillile. //0-242-0824
	OWN	VER INFORMATION	
Owner's name:			
Owner's address:			
Phone:	Fax:	Email	
	APPLICANT'S	S CONTACT INFORMATIO	N
Contact name:			
Company Name:			
Contact address:			
Phone:	Fax:	Email:	
	PROPI	ERTY INFORMATION	
Address where tree rem			
	TVPE OF T	TREE(S) TO BE REMOVED	
Tree # 1 species		eter of Tree #1 at 4.5' above gro	ound
Tree # 2 species		eter of Tree #1 at 4.5' above gro	
Tree # 3 species Diameter of Tree #1 at 4.5' above			
Tree # 4 species Diameter of Tree #1 at 4.5' ab			
Tree # 5 species Diameter of Tree #1 at 4.5' at			
Tree # 6 species Diameter of Tree #1 at 4.5' abo			
Tice ii o species	Виш	<u>eter 01 1100 #1 at 1.5 above gre</u>	<u> </u>
	DEASON FOR	TREE REMOVAL REQUES	T
	REASON FOR	. TREE REMOVAL REQUES	,1
	DEVIIDED I	TEMS AND ATTACHMENT	<u>C</u>
□ Photo of each tree to be re	-	□ Diameter of each tree to be re	
□ Original Signature of Own		□ Sketch of property showing he	
		1 1 3	
		STATEMENT	
		nce requires that trees 28" in diame	
		or registered landscape architect ex	
removed. I further attest t	that the documentation and	d statements included in this applic	eation are true and correct.
<u> </u>	CO 4 1: 4		
Signature of Owner or Applicant			Date
	CITY LISE ONLY	. DO NOT WRITE IN THIS BO	O.Y.
Decision Date:	Permit Number:		JA.
Decision: Approval		ctor, CDD:	

Notes:_