



Building and Permitting
 4119 Adrian Street
 Tucker, GA 30084
 Phone: 678-597-9040
 Email: permits@tuckerga.gov
 Website: www.tuckerga.gov

FOR OFFICE USE ONLY - PERMIT #:

Tree Removal Permit Application

PROPERTY AND OWNER INFORMATION

Address:	Zip:
Owner Name:	
Phone:	Email:

APPLICANT INFORMATION (If different from owner)

Applicant: <input type="checkbox"/> Homeowner <input type="checkbox"/> Arborist <input type="checkbox"/> Contractor	
Name:	Company Name:
Phone:	Email:

TREE(S) TO BE REMOVED

Species	Diameter (Should be measured at 4.5' above ground)	Reason for Proposed Tree Removal:
Tree #1:		
Tree #2:		
Tree #3:		
Tree #4:		
Tree #5:		

Required – Photograph of each tree attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Required – Sketch of property showing building and trees to be removed attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Required – Arborist letter for dead, dying, diseased and/or insect infested tree attached? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Is there a stream in proximity to the property? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, you may be required to submit a survey illustrating proposed trees are not in the City's 75 foot Stream Buffer	
Lot Size:	Number of trees remaining:

APPLICANT AGREEMENT AND SIGNATURE

**** I understand that the City of Tucker's Tree Protection Ordinance requires that I maintain canopy coverage consistent with Chapter 14, Section 14-39. I further attest that this documentation and statements included in this application are true and correct. If any information is found to be false or misrepresented, the permit will be deemed invalid.**

Signature:	Date:
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