



Town of McIntosh
Tree Permit Application

PROPERTY INFORMATION:

OWNERS NAME: _____
ADDRESS OF PROPERTY: _____
MAILING ADDRESS: _____
PHONE: _____ EMAIL: _____

CONTRACTOR INFORMATION: (if applicable)

NAME: _____
LICENSE #: _____
CONTRACTOR CONTACT #: _____
CONTRACTOR ADDRESS: _____

*****Please mark all trees with a ribbon for the Tree Preservation Committee to review***

Tree	Species	Tree Location	Relocate/Removal		Reason
			Please circle one		
#1			Relocate	Remove	
#2			Relocate	Remove	
#3			Relocate	Remove	
#4			Relocate	Remove	
#5			Relocate	Remove	

Acknowledgment of Property Owner:

Print: _____
Sign: _____
Date: _____

To be filled out by Tree Preservation Committee:

Approved (please circle one): Yes or No Date: _____

Special Requirements (if any): _____

Signature of Committee Member: _____