



Street Tree Permit Application
City of Milford Ordinance 911.08 Control of Street Trees

Permit No. _____ Date: _____

Applicant: _____ Phone: _____ Fax: _____

Property Owner: _____ Owner's Phone: _____

Owner's Mailing Address: _____

Include photo and sketch with the location of utilities, street, curb, sidewalk, signs, and tree(s) to be removed/planted

Proposed activity: ___ Plant ___ Remove ___ Trim ___ Other _____

Species of Tree(s): _____ Trunk Circumference: _____ Inches

Reason for action: _____

Name of Contactor doing work: _____

Contractor's License# _____

How are the trees identified? (paint mark, ribbon, etc.) _____

Conditions of Right-of-ways /extensions required distance: 10 ft from hydrant, signs, curb box, driveways, light poles. Are there any overhead wires? ___ Yes ___ No

It is understood that the expense and risk of the tree work is the responsibility of the property owner ___yes ___no

It is agreed all work will conform to all rules, regulations, and conditions of this permit and shall be subject to inspection and approval of the City of Milford.

Owners signature* _____ Date: _____

*if signature is other than the owner's, please state relationship. Signing for the owner means you accept the replanting responsibility. _____

For official Use Only

Date: _____

Documents Attached ___ Yes ___ No

___ Approved

___ Disapproved

Permit Valid Through _____

Signature: _____

City Manager or Designee

*Make 4 copies and distribute: 1. Parks and Recreation Commission, 2. Service Department, 3. City Manager, and 4. Property Owner. Keep original in property file.

Tree topping is not permitted!

Permit valid for 30 days from date of approval

Oct 2007

Sketch Area

