

Town of Davidson, North Carolina
Application for Tree Permit
(Please Type or Print Clearly)

Applicant _____

E-mail _____

Applicant's Address _____

Applicant's Telephone () -

Name of Owner (if different) _____

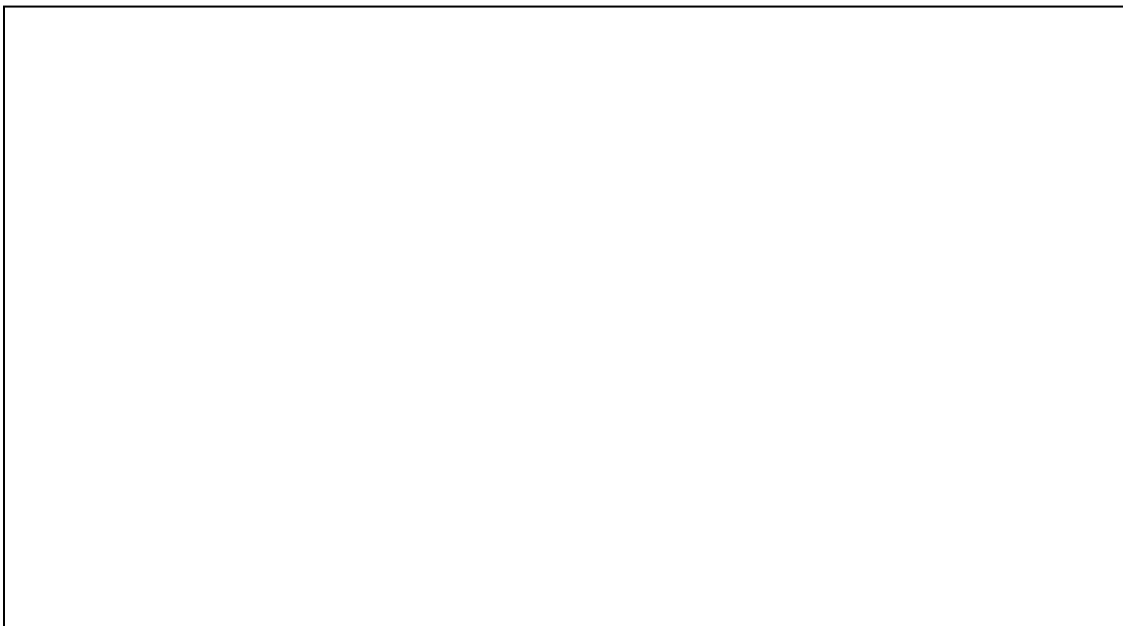
Owner's Address _____

Purpose for tree removal _____

Tree Species _____

Diameter at breast height _____

Please sketch the site and approximate location of the tree:



Certification

I hereby dispose and say that the information contained herein and herewith is true and that this application shall not be scheduled for official consideration until all of the required contents are submitted in proper form to the Planning Department.

_____ Signature of Owner	_____ Date
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_____ Signature of Owner	_____ Date
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<p>Staff Use Only:</p> <p>Date Received _____</p> <p>Received By _____</p> <p>Date of Site Visit _____</p> <p>Site Visit Conducted by _____</p> <p><input type="radio"/> Request Approved</p> <p><input type="radio"/> Request Denied</p> <p>Reason _____</p> <p>_____</p>
