



**CITY OF TITUSVILLE
PERMIT APPLICATION
SHADE TREE REMOVAL/TRIMMING**

Property Owner: _____

Address: _____

Telephone No: _____

Email: _____

Type of permit Requested: _____
(Planting, Pruning, Tree Removal, Stump Removal)

Specific Location of Tree/Planting Site: _____

Conditions: Permit Holder/Property Owner agrees to use a contractor who meets the City's requirements for tree removal. Permit Holder/Property Owner further agrees to have the tree stump ground and the grindings removed within thirty (30) days of takedown. If the Permit Holder/Property Owner selects to keep the wood, it must be removed from the site within four days of takedown.

(Permit Holder/Property Owner's Signature)

Date: _____

(Top portion of this form to be completed by Property Owner and submitted for approval to the City of Titusville Manager's Office)

SHADE TREE REMOVAL/TRIMMING PERMIT

Property Location: _____

Property Owner: _____

Type of Permit: Pruning/Trimming Tree Removal Stump Removal

Date: _____ (Permit valid for 6 months from this date)

City of Titusville Representative: _____ Expires: _____

