

BOROUGH OF BARRINGTON TREE REMOVAL PERMIT APPLICATION



Date: _____

Property owner's name: _____

Property address: _____

Owner's phone no: _____

Owner's email address: _____

Contractor's name: _____

Contractor's address: _____

Contractor's phone: _____

Contractor's email address: _____

Number of trees to be removed: _____

Reason for removal: ** _____

Diameter breast height of trees
to be removed: _____
(if more than one, provide data for each tree)

***If removal is because tree is alleged to be a hazard, evidence must be provided.*

Note--Ord. 1184 requires replacement of trees per the Tree Replacement Requirements Table.

If approved, will you be replacing the trees on your property? _____
yes no

If the tree(s) will not be replaced, applicant will be required to deposit funds with the Borough so tree(s) can be replaced in an alternate location per Ordinance 1184.

If applicable, amount of funds to be deposited: \$ _____

I hereby certify that this application, as well as any associated documents, is a true representation of all facts concerning the proposed tree removal activity. This application is made with my approval as Owner or Authorized Agent for the Owner, as evidenced by my signature below. For the duration of the tree removal permit, if issued, I assume legal responsibility for any and all violations of Ordinance 1184.

Signature of Owner or Authorized Agent Date

Borough Approval Date