PERMIT NO. _____

CITY OF LEMOORE
DEPARTMENT OF PUBLIC WORKS

STREET TREE PERMIT

APPLICATION IS HEREBY MADE UNDER THE PROVISIONS OF ORDINANCE NO. 8610 FOR PERMISSION TO PLANT AND/OR REMOVE STREET TREES IN THE CITY RIGHT-OF-WAY

Name of Applicant: Telephone: Date:

Address: Location of Trees:

TYPE OF REQUEST:

☐ Pruining/Trimming ☐ Removal ☐ New Planting

Date of Proposed Work: _____ Number of Trees _____

TREE REMOVAL: Number _____ Type _____
Distance from curb _____

TREE PLANTING: Number _____ Type _____
Distance from curb _____

Root Barrier Required _____

Details of Request:

Date Permit Received: Applicant's Signature:

Action Recommended:

By: Date:

Action Taken:

By: Date:

Inspection on Completion Date:

Notation on Street Tree Location List Date: