

**CITY OF GREENVILLE, OHIO  
TREE PLANTING PERMIT**

Date: \_\_\_\_\_

Application Number: \_\_\_\_\_

This is to certify that \_\_\_\_\_

\_\_\_\_\_  
Name

Property Owner:  
Yes\_\_\_\_ No\_\_\_\_

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Phone No.

Address of Project: \_\_\_\_\_

has registered with the City Engineer for the purpose of:

\_\_\_\_ **Planting of tree in right-of-way.\***  
Number and type of tree(s) to be planted: \_\_\_\_\_  
Method of planting: \_\_\_\_\_

\_\_\_\_ **Maintenance of tree in the right-of-way.** Kind of treatment: spray, prune, trim  
Number and type of tree(s): \_\_\_\_\_  
Any chemicals to be used: \_\_\_\_\_

\_\_\_\_ **Removal of tree in right-of-way and the replanting of a new replacement tree in the right-of-way.\***  
Number and type of tree(s) to be removed: \_\_\_\_\_  
Number and type of tree(s) to replace: \_\_\_\_\_

\_\_\_\_ Other \_\_\_\_\_

Reason for Request: \_\_\_\_\_

\* This application must be accompanied by a plat drawn to scale showing the location of proposed planting within the right-of-way, making sure to show the distances from each tree, sidewalk, street, and any street corner.

**Note: Applicant assumes any and all liability for loss or damages resulting from the maintenance or removal of said tree(s). Replacement trees must be planted within six (6) months from the date the tree commission or Safety Service Director grants approval of the permit.**

\_\_\_\_\_  
Signature of Applicant

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DISPOSITION - TO BE COMPLETED BY TREE COMMISSION MEMBERS OR SAFETY SERVICE DIRECTOR

\_\_\_ Approve      \_\_\_ Disapprove      \_\_\_ City Participation

Date of Approval: \_\_\_\_\_ Date work is to be completed: \_\_\_\_\_

Inspected by: \_\_\_\_\_ Date: \_\_\_\_\_

Comments on Decision: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_