

Building Office Router #: \_\_\_\_\_

**City of Farmington Hills**  
**Department of Planning and Community Development**  
**TREE PERMIT**  
(248) 871-2540

Permit No. \_\_\_\_\_  
Application Date: \_\_\_\_\_

Property Address/Location: \_\_\_\_\_ Lot #: \_\_\_\_\_

Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Owner Address: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Phone: \_\_\_\_\_

(if other than owner)

Relationship of Applicant to Property: \_\_\_\_\_

**CHECK ONE: (NEW)**

- |   |   |
|---|---|
| <input type="checkbox"/> Single Family Residential    | <input type="checkbox"/> Commercial/Office/Industrial |
| <input type="checkbox"/> Attached Cluster Residential | <input type="checkbox"/> Utility                      |
| <input type="checkbox"/> Multi-Family Residential     | <input type="checkbox"/> Other: Explain: _____        |

**CHECK ONE: (OCCUPIED)**

- |  |  |
|--|--|
| <input type="checkbox"/> Single Family | <input type="checkbox"/> Other: Explain: _____ |
|--|--|

**PROPOSED ACTIVITY:** (Attach additional sheet if necessary)

| PROTECTED TREES TO BE REMOVED<br>(6" DBH* OR GREATER: NON-LANDMARK) | Type  | *DBH  | Quantity |
|---|-------|-------|----------|
| _____   | _____ | _____ | _____    |
| _____   | _____ | _____ | _____    |
| _____   | _____ | _____ | _____    |

\* Diameter at Breast Height

| LANDMARK TREES TO BE REMOVED | Type  | *DBH  | Quantity |
|------------------------------|-------|-------|----------|
| _____                        | _____ | _____ | _____    |
| _____                        | _____ | _____ | _____    |
| _____                        | _____ | _____ | _____    |

| REPLACEMENT TREES<br>TO BE PLANTED ON-SITE | Type & Caliper/Height | Quantity |
|--|-----------------------|----------|
| _____                                      | _____                 | _____    |
| _____                                      | _____                 | _____    |

| REPLACEMENT TREES<br>FOR PUBLIC DISTRIBUTION | Type & Caliper/Height | Quantity |
|--|-----------------------|----------|
| _____  | _____                 | _____    |
| _____  | _____                 | _____    |

Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant Signature: \_\_\_\_\_

**FOR OFFICE USE ONLY**

| SUPPORT DOCUMENTS   | Required | Provided |
|---|----------|----------|
| Tree Location Survey .....  | _____    | _____    |
| Removal of Trees Marked in the Field .....  | _____    | _____    |
| Protected Trees Barricaded and Protected.....   | _____    | _____    |
| Escrow for Replacement Trees On-Site (Trust # _____).....                                 | _____    | \$ _____ |
| Cash Deposit for Replacement Trees for Public Distribution (Account # 701000-500-273-850) | _____    | \$ _____ |
| Approved: .....   | _____    |          |
| Approved with Conditions: .....   | _____    |          |
| Denied: .....   | _____    |          |
| Explanation: _____  |          |          |

Department Signature \_\_\_\_\_

Date \_\_\_\_\_