

Street Tree Permit Application

Complete the following information and provide this form to the City of Oberlin Office at 1 Morgan Drive

I. Applicant information

Name: _____

Address: _____

Phone and email: _____

Signature and submittal date: _____

II. Type of Activity	Tree Species	# of Trees
Planting	_____	
Removal	_____	

III. Location of Trees

Either provide a dimensioned diagram (showing streets, sidewalks, utilities and tree locations) or precisely describe where the trees (or planting spots) are located.

IV. Name of Person/Company Performing the Work

Name / Company Name: _____

Address: _____

Phone: _____

V. Kansas One Call (Required) 1-800-DIG-SAFE or www.kansasonecall.com

Ticket Number: _____

Original Call Date: _____

To be completed by City of Oberlin Tree Board

Indicate approval or disapproval, reasons for disapproval, conditions of approval:

Planner's signature

Date

Distribution list: applicant, address file.