

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)**

Single Family Residential

Attached Cluster Residential

Multi-Family Residential

Commercial/Office/Industrial

Utility

Other: Explain: \_\_\_\_\_

**CHECK ONE: (OCCUPIED)**

Single Family

Other: Explain: \_\_\_\_\_

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

**PROTECTED TREES TO BE REMOVED**

(6" DBH\* OR GREATER: NON-LANDMARK)

\* Diameter at Breast Height

Type	*DBH	Quantity
_____	_____	_____
_____	_____	_____
_____	_____	_____

**LANDMARK TREES TO BE REMOVED**

Type	*DBH	Quantity
_____	_____	_____
_____	_____	_____
_____	_____	_____

**REPLACEMENT TREES TO BE PLANTED ON-SITE**

Type & Caliper/Height	Quantity
_____	_____

**REPLACEMENT TREES FOR PUBLIC DISTRIBUTION**

_____	_____
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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 # 701-500-273-850) .....	_____	\$ _____
Approved: .....	_____	
Approved with Conditions: .....	_____	
Denied: .....	_____	

Explanation: \_\_\_\_\_

\_\_\_\_\_

Department Signature

Date