

Boulevard Tree Planting & Work Permit Application

	Applicant Information
Name:	Phone:
Mailing Address:	Email:
Project Address (if different from maili	
COMPANY PERFORMING THE WORK (if yo	·
	Phone:
Company Name:	Phone.
Company Address:	
TYPE OF TREE WORK PROPOSED (check al	that apply)
Plant Remove Pruning tree(s)	☐ Fertilizing ☐ Pesticide spray ☐ Other (specify):
Number of Trees Impacted:	Tree Species Impacted:
Other Details:	
Purpose of Project:	
Estimated Start Date:	Project Timeframe:
PLEASE ATTACH	ANY OTHER RELEVANT PROJECT PLANNING DOCUMENTATION
 disturb any tree, shrub or plant on any stree This is an APPLICATION FOR PERMIT. N The City will issue a permit provided pro Any permit granted shall have an expirated any permit shall be void if its terms are not notice of completion shall be given with Whenever any tree shall be planted, ren 	es: No person shall plant, spray, fertilize, prune, remove, cut above the ground, or otherwise et or public property without first filing an application and procuring a permit from the City. It is proposed work may begin until a permit has been approved by the City. Boosed work is desirable & proposed method & workmanship are of a satisfactory nature. It is is desirable to date. Work shall be completed as described in permit and before expiration date. It is is is indicated. In five (5) days to the City for inspection purposes. It is overly one worked on, in conflict with the provisions of Burnsville City Code Section 8-3-3, the action, and the cost thereof shall be assessed to the owner as provide by law in the case of
SIGNATURES – Required for all applican	s and property owners.
I understand that any false statement, info denial of my Permit and additional legal ac	o abide by the terms and conditions of this application and provisions of Section 8-3-3. Impacts of any granted permit may lead to the immediate ion by the City of Burnsville. I agree to maintain the tree per City instruction for safety, remove any dead or diseased trees. I agree that if I do not maintain the tree or remove it ay do so and assess my property.
Applicant's signature:	Date:
	ile, Forestry Department, 13713 Frontier Court, Burnsville, MN 55337 ail scanned copy to: Brian.Ulvin@burnsvillemn.gov
	Questions? Call (952) 895-4508

For office use only.			
Date application received:	Application number:	Permit number:	_
Inspection date:	Inspected by:	Approval signature:	Date: