Tree Permit Application

City of Wixom

49045 Pontiac Trail Wixom, Michigan 48393 P (248) 624-0141 F (248) 624-0867



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FOR DEPARTMENTAL USE ONLY	
Date Received:	Application Number:
Received By:	Application Fee (other fees may be applicable):
	·
Application Type: Removal Relocation Removal & Rel	location Modification Extension
After-the-Fact: Yes No	
Application must be filled out in its entirety. Please indicate N/A	for non-applicable fields.
1. Applicant Information:	2. Applicant's Authorized Permit Agent:
Name:	The name and contact information for the Agent that is authorized by the owner to process the application, furnish supplemental information relating to the application and bind the
Address:	application, remain supplication and sup
Zip Code:	Name:
Phone #:Fax #:	Address:
	Zip Code:
Email:	Phone #: Fax #:
* This should be the applicant/owner's information for contact purposes.	Email:
3. Site Location and Description where the proposed activity exis	sts or will occur:
Folio #(s):	
Site Address:	
Does intended use of the property require re-zoning or plat? \Box	s 🔲 No
City or Town:	
4. Current Use/Location of Trees (check all that apply):	
$\square_{\text{Single Family}} \square_{\text{Multi-Family}} \square_{\text{Commercial}} \square_{\text{Business}} \square_{\text{Agricultural}} \square_{\text{Swale/Right-of-Way}} \square_{\text{Other}}$	
5. Work Description:	
Building permit process number (If Applicable):	
Number and type of tree(s) to be removed, or relocated. Include t	rees affected by improper trimming or removed without a permit:
Location of the tree(s) stated above:	
Reason for permit request:	
Attachments (check all that apply): (e.g. site sketch, plans etc.):	
Site Sketch	ssment Tree Survey Other
Site Sketchi Flatis Fliotographis Al DOFIST ASSE	

6. IMPORTANT NOTICE TO APPLICANT:

The written consent of the Property Owner is required for all applications to be considered complete. Your application WILL NOT BE PROCESSED unless the Property Owner consent portion of the application is completed below. You have the obligation to notify the Department in writing of any changes to information provided in this application.

Application is hereby made for a City of Wixom tree permit to authorize the activities described herein. I agree to or affirm the following:

- I possess the authority to authorize the proposed activities at the subject property, and
- I am familiar with the information, data and plans contained in this application, and
- To the best of my knowledge and belief, the information, data and plans submitted are true, complete and accurate, and
- I am authorizing the permit agent listed in Section 2 of this application to process the application, furnish supplemental information, and bind the property owner(s) to all requirements of this application/permit document, and
- I agree to provide access and allow entry to the project site to inspectors and authorized representatives of City of Wixom for the purpose of making the prelimiary analyses of the site and to monior permitted activities and adherence to all permit conditions.

Signature of Applicant

Print Applicant's Name

Date

B. WRITTEN CONSENT OF THE PROPERTY OWNER FOR THE PROPSED WORK LOCATION

I/We are the owner(s) of the real propertylocated at_

City of Wixom, Michigan, otherwise identified in the public records of Oakland County as Folio

No(s).______. I/we am/are aware and familiar with the contents of this application for-

City of Wixom tree permit to perform the work on the subject property, as described in this application. I/we hereby consent to the work described in this tree permit application.

Signature of Property Owner

Print Property Owner's Name

Date