PERMIT#_____

TREE PRUNING/ REMOVAL PERMIT

IT IS THE POLICY OF THE CITY OF D'IBERVILLE TO PRESERVE AND PROTECT ONE OR OUR MOST PRECIOUS ASSETS, OUR TREES. THE APPLICANT MUST DEFINE A HARDSHIP FOR PRUNING OR REMOVAL OF TREES WITHIN THE CITY OF D'IBERVILLE. THIS APPLICATION IS SUBJECT TO REVIEW AND APPROVAL BY THE CITY ARBORIST AND THE TREE MITIGATION COMMITTEE. THEIR DECISION IS FINAL, BUT APPEALABLE TO THE CITY COUNCIL, IN REGULAR SESSION AND BY PETITION.

APPLICANT: _____

MAILING ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: ____-_____ FAX: ____-_____ EMAIL: _____

OWNER: _____

MAILING ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: ____-_____ FAX: ____-_____ EMAIL: _____

PROPERTY:

ADDRESS (IF KNOWN): _____ ZONING DISTRICT: _____

TAX PARCEL ID NUMBER: _____-____-_____ BLOCK: _____ LOT: _____ RANGE: _____ SECTION: _____ TOWNSHIP: ____

FLOOD ZONE: _____ DFRIM MAP/PANEL NO: _____ PLOT AREA: _____ SQ. FT / ACRES (CIRCLE ONE)

TREE REMOVAL CONTRACTOR: _____ LAND SURVEYOR: _____

SCOPE OF WORK TO BE:

SPECIES OF TREE	PRUNED: NUMBER	CALIPER	REMOVED: ATTACH TREE SURVEY (WHEN APPLICABLE) NUMBER	CALIPER
• LIVE OAK	_____	_____	_____	_____
• MAGNOLIA	_____	_____	_____	_____
• CYPRESS	_____	_____	_____	_____
• SYCAMORE	_____	_____	_____	_____
• CEDAR	_____	_____	_____	_____

DEFINE HARDSHIP/JUSTIFICATION FOR TREE PRUNING OR REMOVAL:

_____
_____
_____
_____
_____
_____

APPLICANT ACKNOWLEDGEMENT

I UNDERSTAND AND CONFIRM; THAT THE ISSUANCE OF THIS PERMIT IS CONTINGENT UPON THE INFORMATION PROVIDED TO THE CITY OF D'IBERVILLE BEING TRUE AND ACCURATE; THAT ALL PLANS AND SUPPORTING DATA HAVE BEEN PROVIDED. I AGREE TO COMPLY WITH THE TREE PROTECTION ORDINANCE AND ALL APPLICABLE REGULATIONS OF THE CITY OF D'IBERVILLE. NO TRIMMING, PRUNING OR REMOVAL IS TO BE COMMENCED OR CONDUCTED UNTIL SUCH TIME AS THIS PERMIT IS ISSUED BY THE AUTHORITY HAVING JURISDICTION. THIS PERMIT MAY BE REVOKED AT ANY TIME THAT THE OWNER OR HIS/HER AGENT FAILS TO COMPLY WITH THE ORDINANCES AND REGULATIONS OF THE CITY OF D'IBERVILLE, MS. I ACKNOWLEDGE THAT I AM TOTALLY RESPONSIBLE FOR REMOVAL AND DISPOSAL OF ALL LIMBS, TRUNKS, LEAVES AND ANY AND ALL DEBRIS GENERATED AS A RESULT OF THIS PERMIT.

APPLICANT SIGNATURE _____ DATED: _____
        PRINT NAME ABOVE   SIGNATURE

_____ DO NOT WRITE BELOW THIS LINE – COD USE ONLY _____

APPLICATION APPROVED: _____ DATED: _____
        PRINT NAME ABOVE   SIGNATURE

FINAL INSPECTION: _____ DATED: _____
        PRINT NAME ABOVE   SIGNATURE