



STREET TREE PLANTING/PRUNING/REMOVAL PERMIT

NAME: _____

ADDRESS: _____

PHONE NUMBER(s): _____

Email: _____

PERMIT IS FOR:

Planting _____ Pruning and Maintenance _____ Removal _____

Reason for permit: (new planting, diseased, damaged, line/utility/sidewalk clearance, dead)

If Planting, List Desired Species (From the Recommended Tree List):

The City of Spearfish will enter into a 50/50 cost share agreement with the homeowner up to \$250.00 maximum (\$500.00 total). Homeowners must water and care for the trees. The city is not responsible for damaged sprinkler systems. The homeowner is responsible for locating irrigation before planting.

Species Selected: _____ Size (Minimum 1½" Caliper): _____

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Location and Description (include a sketch showing property boundaries, structures, sidewalks, driveways and existing trees).

Who is performing the work:

Contractor (Planting, Pruning, Removal): _____ **or City (Planting only):** _____

Contractor Contact Information: _____

Name: _____

Address: _____

Phone Number(s): _____

Email: _____

This permit is issued accordance with the City of Spearfish Ordinance Chapter 19 "Vegetation". The Property Owner agrees to comply with this ordinance.

Mail to:

Attn.
Rex McDonald
Parks, Recreation, Forestry Supt.
City of Spearfish
625 5th Street
Spearfish, SD 57783

For Office Use Only

Approved By: _____ **Date:** _____

Completion Date: _____ **Species Planted:** _____

Mulch: _____ **Water:** _____ **Protector:** _____