

STREET TREE PLANTING/MAINTENANCE/REMOVAL PERMIT



NAME: _____

ADDRESS: _____

PHONE NUMBER(s): _____

Email: _____

PERMIT IS FOR:

Planting _____ Pruning and Maintenance _____ Removal _____

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

If Planting List Species:

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

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

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

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

Who is performing the work:

Homeowner: or **Contractor:**

Company Name: _____

Contact Person: _____

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.

Click on the "SUBMIT" button or mail to

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

Approved By: _____

Date: _____