

Permit #

**CITY OF PLYMOUTH
TREE PROTECTION PLAN**

1231 Goldsmith Plymouth, MI 48170

Ph. 734-453-7737 ext. 224

www.plymouthmi.gov

I. Site/Project Information

Site Address(es)	Date of Application
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Name of Property Owner	Phone Number	Email Address (Required)		
Mailing Address	City	State	Zip Code	

II. Applicant and Contact Information

Indicate Who the Applicant Is. If property owner, Skip to Section III.	<input type="checkbox"/> Property Owner <input type="checkbox"/> Contractor		
Contractor Company Name	Applicant's Name		
Phone Number	Email Address (Required)		
Contractor Company Address	City	State	Zip Code

III. Type of Tree Planting

Part of Tree Removal Permit?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Indicate the type of tree(s) being protected:	<input type="checkbox"/> Street Trees <input type="checkbox"/> Private Trees <input type="checkbox"/> Park Trees	
Tree Species	Protected Tree Location (Street, Private – Side, Front, Rear Yard, Park, Other Public)	Diameter of tree (in inches)

IV. Applicant Signature

By signing below, I hereby certify all information is true and accurate to the best of my knowledge and is in accordance with applicable City Ordinances. I authorize the City or a City Contractor to enter my property to inspect, take photos, and review the information provided in this application and collect information on all trees on the subject property.	
Signature of Applicant	Date
Signature of Property Owner (If different from Applicant)	Date

