Permit #

CITY OF PLYMOUTH TREE REMOVAL

1231 Goldsmith Plymouth, MI 48170 Ph. 734-453-7737 ext. 224

www.plymouthmi.gov

I. Site/Project Information

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

II. Applicant and Contact Information

Indicate Who the Applicant Is. If Property Owner, Skip to Section III.	\Box Property Owner \Box	Contractor	□ Tenant/Lessee
Contractor Company Name	Applicant's Name		
Phone Number	Email Address (Required)		
Contractor Company Address	City	State	Zip Code

III. Type of Tree Removal

Indicate the Type of Tree(s) being Removed	□ Street Trees	□ Private Tree	s Use addition	onal sheets if required.
Tree Species	Location (Street Front/Side/Rear		Check if Tree is Dead, Diseased, or Dying	Diameter of tree at 4.5 feet above grade (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
	1

V. Fee Schedule

Rate Description	Cost
Tree removal permit	\$25.00
Tree planting or tree replacement plan	\$25.00
Heritage tree replacement	\$150.00 per inch required to be replaced
Non-heritage tree replacement	\$100.00 per inch required to be replaced
Trees removed without first obtaining a	Depending on the location: Up to 125% of the DBH removed plus
permit	\$500 fine
Discretionally removed or damaged	Depending on the location: Up to 125% of the DBH removed plus
trees	\$500 fine

Sliding Scale (For Trees that Require Replacement)

		Tree Condition			
		Excellent	Very Good	Good	Fair/Poor
e	Within Building Envelop	50%	50%	25%	25%
Tree ocatic	Outside Buildable Envelop	100%	75%	50%	25%
Lo	Outside Required Setbacks	125%	100%	75%	50%

VI. For Office Use Only

Address:	Date:	Inspectors:
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Tree Identification/Species	Location (Street or Front/Side/Rear Yard)	Location (Building envelope/setback)	Tree Condition (Excellent, Very Good, Good, Fair/Poor, D3)	DBH