CITY OF FALLS CHURCH, VIRGINIA

APPLICATION FOR TREE REMOVAL PERMIT

Owner_____ Date _____

Name/Address/Phone _____

_____

Person Removing Tree(s) _____ Currently Licensed Tree Contractor? Yes No

Location of Tree(s) _____
No. Street

Reason for Removal _____

_____

Tree(s) to be Removed:

1. Common Name _____

_____

_____

2. Size_____

3. Quantity_____

Replacement Tree(s):

1. Common and Botanical Name _____

_____

_____

2. Size _____

3. Quantity _____

Has a Development Plan or Site Plan for this site been filed with the City? Yes No

Is there any anticipation of developing this property? Yes No

Permit Issued to: _____

Date for completion of removal and replacement of tree(s) _____

APPROVED BY: _____

_____

Permit No:_____