



CITY OF DEARBORN

Property Maintenance and Development Services

16901 Michigan Avenue. Dearborn, MI 48126. (313) 943-2150

TREE REMOVAL PERMIT APPLICATION

The City of Dearborn is recognized as a Tree City USA. The protection and conservation of healthy, high quality trees is of paramount concern. Pursuant to City of Dearborn ordinance, a Tree Removal Permit is required to remove or relocate any tree with a DBH (diameter at breast height) of 16 inches or greater. Please see "Application Requirements" below.

A site visit will be performed to verify application information. Trees will be evaluated for effect on the quality of the area of location, including tree species, habitat quality, health and vigor of tree, tree size and density. Permission will be granted to remove or relocate a tree when it is consistent with good forestry practices or if it will enhance the health of remaining trees. Permission will also be granted where necessary for the location of a structure or site improvement, if a reasonable and prudent alternative location for such structure or improvement can be demonstrated to create an undue hardship.

If a tree is removed due to construction, the tree shall be relocated or replaced. Please see "Tree Replacement Information" below.

Application Requirements

- Complete the Permit Application Form
- Property Owner Signature is required on the application form. A copy of a signed contract for the tree removal will fulfill this requirement.
- A drawing is required showing the following:
 - . Existing buildings and structures
 - . Location of tree(s) to be removed
- Tree Removal Contractors must be registered with the City of Dearborn.
Please contact the City Clerk's Office at (313)943-2015 for information on contractor requirements and fees.
- There are NO application or permit fees
- Please allow five (5) days for processing

Tree Replacement Information

Replacement trees must be located on the same parcel of land on which the activity is to be conducted. Where tree relocation or replacement is not possible on the same property, \$100 per tree shall be paid into the city tree fund for tree replacement within the city.

Tree replacement shall be done in accordance with the following:

- . If the replacement tree is at least two (2) inches in DBH, but less than three (3) inches in DBH, credit will be given for replacing one (1) tree.
- . If the replacement tree is at least three (3) inches in DBH, but less than four (4) inches in DBH, credit will be given for replacing one and one-half (1 ½) trees.
- . If the replacement tree is at least four (4) inches in DBH, credit will be given for replacing two (2) trees.

1. SITE ADDRESS: _____

2. DESCRIPTION OF PROPOSED WORK

| |
|--|
| <input type="checkbox"/> TREE REMOVAL <input type="checkbox"/> Dead or Dying Tree <input type="checkbox"/> Diseased Tree <input type="checkbox"/> Construction Related (Permit # _____) |
| <input type="checkbox"/> TREE RELOCATION |
| <input type="checkbox"/> TREE REPLACEMENT |
| <input type="checkbox"/> OTHER _____ |

3. TREE INFORMATION

| | | | | |
|---------|---|--|--|--------------------------------|
| Tree #1 | <input type="checkbox"/> Dead or Dying Tree | <input type="checkbox"/> Diseased Tree | <input type="checkbox"/> Proposed Construction | <input type="checkbox"/> Other |
| | Species: _____ | | Size (DBH): _____ | |
| Tree #2 | <input type="checkbox"/> Dead or Dying Tree | <input type="checkbox"/> Diseased Tree | <input type="checkbox"/> Proposed Construction | <input type="checkbox"/> Other |
| | Species: _____ | | Size (DBH): _____ | |
| Tree #3 | <input type="checkbox"/> Dead or Dying Tree | <input type="checkbox"/> Diseased Tree | <input type="checkbox"/> Proposed Construction | <input type="checkbox"/> Other |
| | Species: _____ | | Size (DBH): _____ | |

4. ESTIMATED DATE OF TREE REMOVAL: _____

5. ESTIMATED DATE OF TREE REPLACEMENT: _____

6. PROPERTY OWNER INFORMATION/AFFIDAVIT

| | |
|--|--------------|
| I do hereby certify that I am the owner of the property herein described and that I concur with the information described in this application and the accompanying drawings, which are a part of this application. I further give permission to the City of Dearborn to access my property for purposes of a site inspection of the proposed tree removal/relocation/replacement activity. | |
| NAME | |
| ADDRESS (include City, State and Zip Code) | PHONE NUMBER |
| SIGNATURE OF PROPERTY OWNER | |

7. CONTRACTOR INFORMATION

| | | | |
|---|--------------|-----------------|-----|
| The acceptance of the permit shall constitute an agreement to abide by all codes and ordinances enforced by the City of Dearborn. | | | |
| NAME | | | |
| ADDRESS | CITY | STATE | ZIP |
| E-MAIL ADDRESS | PHONE NUMBER | FAX NUMBER | |
| CITY REGISTRATION NO. | | EXPIRATION DATE | |
| SIGNATURE OF CONTRACTOR | | | |

FOR OFFICE USE ONLY

| | |
|--|--|
| Date Submitted: _____ | <input type="checkbox"/> Drawing Attached |
| | <input type="checkbox"/> Contractor Information Verified |
| | <input type="checkbox"/> Property Owner Verified |
| CE Case #: _____ | <input type="checkbox"/> Property Owner Signature/Contract |
| <input type="checkbox"/> APPLICATION APPROVED by _____ Date: _____ | |