

***Tree Work & Removal Permit
Village of Burton***

Permit #: _____

Expiration Date: _____

Applicant's Name: _____

Location of Work: _____

Contractor completing work: _____

Phone #: _____

Date received: _____

Type of work to be completed: _____
Reason: _____

Type of work to be completed: _____
Reason: _____

The above listed removals must be made in compliance with Chapter 913 of the Village of Burton Codified Ordinances.

Applicants Signature

Approval of Tree Commission Member

Date