

MASTHOPE MOUNTAIN COMMUNITY TREE CUTTING PERMIT



PERMIT #: _____

HOMEOWNER

Name: _____ Date: _____

Address: _____ Lot #: _____

Email: _____ Phone: _____

Homeowner Signature: _____

Who is doing the tree work? _____

CONTRACTOR (Contractor Insurance is required and must be provided)

Name: _____ Phone: _____

Email: _____

Contractor Signature: _____

NUMBER OF TREES BEING REMOVED: _____

REASON FOR REMOVAL: _____ Dead: () Alive: ()

Stump to ground level: Yes () No () Stumps removed & filled: Yes () No ()

Wood Disposal: Cut & Stacked: Yes () No () Off Premises: Yes () No ()

Height: _____ Width: _____

NOTE:

- Trees **MUST** be MARKED or TAGGED with Tape or String and will be inspected within 10 Days of Submitted Date.
- Trees are not to be removed until you are contacted by phone.
- Permit must be on premises.

I acknowledge that all trees are on my property and any damage during the removal of these trees is my responsibility.

Approved By: _____ Date: _____

Permit Applications can be dropped off at the POC Office or emailed to ECC@masthope.org

FEE \$ 25.00 (Payable upon Permit Approval)