

**MASTHOPE RAPIDS
ECC
Tree Cutting
Permit**



Permit # _____

Date Submitted: _____

Estimated Completion Date? _____

Name: _____ Lot# _____ MR FW WP

(M.H.)Address: _____

Contact Phone #: _____

Reason For Removal?: _____

Dead: () Alive: () *Stump to ground level? Yes () No ()

Amount of trees?: _____ *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 with in **10 Days of submitted date.** Trees are not to be removed until you are contacted by phone. Permit must be on premises!**

Who is doing tree work? _____

If outside Contractor: Copy of Insurance must be supplied to the POC office before work is to be started!

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

Signed: _____ **Date:** _____

Authorized by: _____ **Issue Date:** _____