



# RIGHT-OF-WAY TREE PERMIT

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

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## PLANT A TREE

I request permission to plant trees in the street right-of-way at the above address.

Species of Tree #1: \_\_\_\_\_

Species of Tree #2: \_\_\_\_\_

Species of Tree #3: \_\_\_\_\_

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## REMOVE OR TRIM A TREE

I request permission to perform work on trees in the right-of-way at the above address.

Check one: Remove \_\_\_\_\_ Trim \_\_\_\_\_

Detail of trimming to be completed: \_\_\_\_\_

Contractor Name\*: \_\_\_\_\_

\*A certificate showing proof of liability insurance must be on file with the department before a permit will be issued.

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Drawing of location on property. Please label streets and indicate north.

A large rectangular area enclosed by a dashed line, intended for a drawing of the property location.

**SPECIAL NOTES**

1. Mark desired location for planting with a stake.
2. Contact **IOWA ONE-CALL** at **1-800-292-8989** to locate underground utilities.
3. Call (319) 447-3580 for site inspection by City Arborist after locates have been marked.
4. Permit holder must notify City Arborist within 3 days of completion of work.

I have received a copy of the city's Arboricultural Specifications and Standards of Practice and agree to follow its provisions.

Applicant Signature: \_\_\_\_\_

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**TO BE COMPLETED BY CITY ARBORIST**

The property listed on the front of this permit has been inspected and the

**placement - maintenance - removal**

of the street right-of-way tree is in compliance with the Tree Ordinance and the Arboricultural Specifications and Standards of Practice as established by the City of Marion.

**NOTES:**

City Arborist Signed: \_\_\_\_\_

Date: \_\_\_\_\_