



Town of Erie | Tree Work Permit Application

Date: _____

General Information

Name: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Contact or License Holder: _____

Contact Email Address: _____

Contact Phone Number: _____

Location/Address of work to be completed: _____

*All contractors must be approved and have a Town of Erie Arborists License

Contractor's Name: _____

Arborist License #: _____

Type of Work Proposed

PLANT

- Number, species, and size of tree(s) requested to be planted: _____
- Contact Utility Notification Center of Colorado (UNCC) at 811 to have all underground utilities located and marked prior to application submittal. This service is free of charge. UNCC ticket number: _____
- All tree plantings shall meet the spacing requirements, planting specifications and acceptable street tree Species criteria set forth in the [Town of Erie Standards and Specifications](#)

REMOVE

- Number, species, and size of tree(s) requested to be removed: _____
- All stumps shall be removed below the surface of the ground.

PRUNE

- Number, species, and size of tree(s) requested to be pruned: _____
- Type of pruning:
 - Crown raising (pruning lower limbs for pedestrian/motorist traffic)
 - Crown reduction (pruning upper limbs for traffic light, utility line, etc. clearance)
 - Crown thinning (no more than 25% of live crown)
 - Crown cleaning (removing deadwood for tree health and safety)
 - Root reduction (sidewalk interference)

TREATMENT (Insect/Disease/Nutrient Deficiency)

- Number, species, and size of tree(s) requested to be treated: _____
- Target Insect/Disease/Deficiency: _____
- Product applied, rates, and application method: _____



Town of Erie | Tree Work Permit Application, cont.

Tree Location

Place an "X" on the appropriate diagram to best indicate the location of the tree(s) in question.

Also please indicate on the arrow below the direction for North.

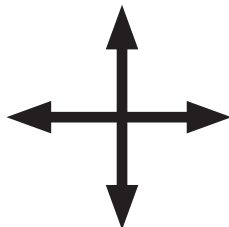


DIAGRAM "A"

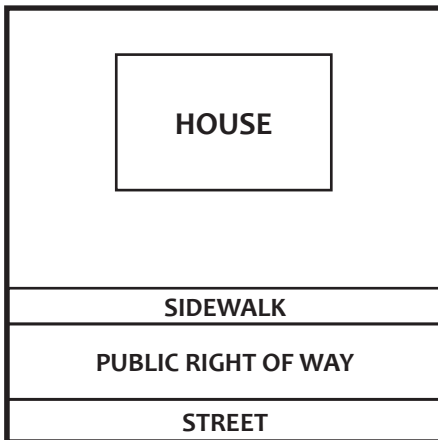
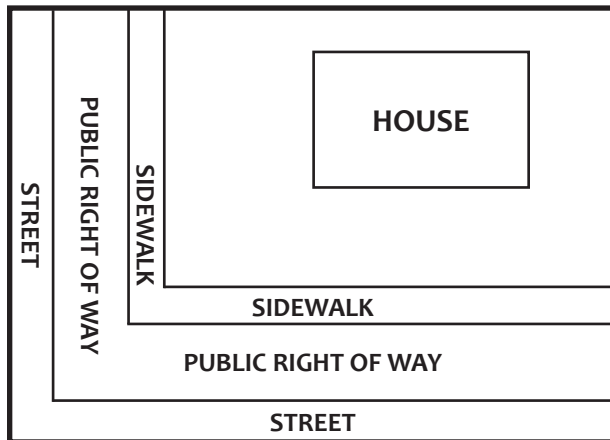


DIAGRAM "B"



Contractor/Homeowner Responsibility

I understand that all arborists conducting work within the Town of Erie are required to obtain a Town of Erie Arborist's License and perform all work in accordance with [Town Standards and Specifications](#) and [Title 7-Chapter 3 "Trees and Shrubs" of the Municipal Code](#).

I hereby certify that the statements above constitute a part of this application and are true and correct to the best of my knowledge and understand that this permit is valid for 30 days after date of issue.

Applicant Signature: _____

Print Name: _____ Date: _____

TOWN OF ERIE OFFICE USE ONLY

WORK PERMIT	PERMIT INFORMATION	TOWN REPRESENTATIVE
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Permit #: _____ Date of Issue: _____	Print Name: _____ Signature: _____

ARBORIST NOTES: