TOWN OF BEVERLY SHORES
P.O. Box 38, Beverly Shores, IN 46301
Phone 219-728-6531, fax 219-728-6532
beverlyshores.clerk@gmail.com
beverlyshoresindiana.org

PERMIT #____________
DATE______________

Tree Removal Application

Name(s) of Legal Owner(s) of Property_______________________________________________

1. Street Address_______________________________________________________________
2. Phone No.    home__________________ e-mail_____________________
3. Mailing Address_____________________________________________________________
4. Contractor______________________________
   Address_______________________________________________________________
   Phone/E-Mail______________________________ Phone/E-Mail____________________

5. _____Improved Property            _____Unimproved Property

6. The following items are to be submitted to the Town Clerk-Treasurer (Reference §155.064):
   _____ $50 permit fee (Reference §10.99)
   _____ List identifying the number, approximate location, diameter of trees, reason for removal.
   _____ At the discretion of the Building Commissioner and if necessary a naturalization plan.

I certify the above and attached information to be correct and true.

___________________
Owner’s Signature / Date

DO NOT WRITE BELOW THIS LINE

______________________________
Received by:  Clerk-Treasurer’s/ Date

______________________________
Reviewed and approved by:         Building Commissioner / Date

Comments:_____________________________________________________________________
____________________________________________________________________________

Approved by the Plan Commission 2018