

Village of Golf

1 Briar Rd. • Golf, Illinois 60029 • Tel 847-998-8852

Tree Removal Permit Application

Property Owner: _____
Property Address: _____
Phone Number: _____ (H) _____ (F)
E Mail: _____

Tree Removal Contractor Responsible for Tree Removal-

Contractor Name: _____
Address: _____

Phone Number: _____ (W) _____ (F)
Email: _____

Description of proposed Tree to be removed (Include size, species, condition and location on Property)

Written Statement indicating reason for removal: _____

Tree Replacement Size: (Diameter) _____ Species: _____
Number of Trees being Replaced: _____ Emergency Removal: Y / N

Provide a Plat of Survey with Existing Residence and Proposed Tree Removal location/Tree Replacement locations. Indicate protection of existing trees and Root Pruning at Critical Root Zone for any proposed excavations or trenches on site per Village of Golf Ordinance.

Fees:

Application Fee:-----\$100.00
Deposit Fee -----\$ _____
(until Replacement @ \$150/ inch x Inches Diameter)
Total Fee:-----\$ _____

Signature of Owner: _____ Date of Application _____

Application Approved _____ Date _____