



TOWN OF ADDISON - PARKS AND RECREATION

16801 WESTGROVE DRIVE

ADDISON, TEXAS 75001

PHONE: 972.450.2851 | ADDISONTXAS.NET

For questions regarding the Tree Permit application, please contact Chandler Nyp at CNYP@ADDISONTX.GOV

APPLICATION FOR TREE PERMIT

* MUST BE THE CONTRACTOR WHO IS ALREADY REGISTERED WITH THE TOWN PRIOR TO PERFORMING WORK

APPLICANT DETAILS (PLEASE FILL OUT ALL DETAILS AND PRINT CLEARLY)

COMPANY OWNER NAME: _____

E-MAIL ADDRESS: _____ CELLPHONE: _____

* CONTRACTOR NAME: _____

E-MAIL ADDRESS: _____ CELLPHONE: _____

SUB-CONTRATOR NAME: _____

E-MAIL ADDRESS: _____ CELLPHONE: _____

JOB SUPERVISOR NAME: _____

E-MAIL ADDRESS: _____ CELLPHONE: _____

PROJECT LOCATION: _____

TREE REMOVED - CALIPER INCHES: _____

TREE REPLACEMENT - CALIPER INCHES: _____

DESCRIPTION OF WORK TO BE PERFORMED: _____

PERSUANT TO THE REQUIREMENT OF THE TOWN OF ADDISON THAT ANY INDIVIDUAL PERSON, FIRM, OR CORPORATION, ENGAGING IN COMMERCIAL PROPERTY TREE PRUNING EITHER SHALL BE AN ISA CERTIFIED ARBORIST OR HAVE AN ISA CERTIFIED ARBORIST CERTIFY THAT THE PRUNING WORK PERFORMED BY THE REGISTERING TREE PRUNING CONTRACTOR SHALL COMPLY WITH THE I.S.A. - INTERNATIONAL SOCIETY OF ABORICULTURE STANDARDS SET FORTH IN THE LANDSCPAE REGULATIONS.

ARBORIST NAME: _____ CERTIFICATION # _____

ADDRESS: _____ SUITE/APT: _____

CITY: _____ STATE: _____ ZIP CODE: _____

CONTACT PHONE: _____ E-MAIL ADDRESS: _____

REGISTRATION FEE = \$75

BY CHECKING THIS BOX, I HEREBY CERTIFY THAT ALL INFORMATION PROVIDED FOR THIS APPLICATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE: _____

DATE: _____

