APPLICATION FOR TREE REMOVAL PERMIT FOR NEW CONSTRUCTION

PALOS HEIGHTS
7607 W College Drive
Ph: (708) 361-1804 Fax: (708) 923-7112
building@palosheights.org

REAL ESTATE TAX I.D. #: _ _ - _ _ - _ _ _ - _ _ _

APPLICANTS: COMPLETE ALL ITEMS AND SUBMIT WITH ALL SUPPORT DOCUMENTATIONS

LOCATION OF IMPROVEMENT	ADDRESS_____ SUBDIVISON_____ LOT_____	
OWNER	**NAME**_____ **ADDRESS**_____ **EMAIL**_____	**PHONE** Home: Business: Cell:
CONTRACTOR	**NAME**_____ **ADDRESS**_____ **CONTACT** _____ **EMAIL**_____	Business: Cell:

Plat of Survey showing the location, size, species and number of trees being removed. NOT PERMITTED TO REMOVE TREES IN THE RIGHT-OF-WAY. **Call Building Department for Inspections. 24 Hour Notice Required.**	**TOTAL COST OF IMPROVEMENT** $ _____

****BUILDING DEPARTMENT USE ONLY**** **BUILDING PERMIT NO.**_____ **BUILDING PERMIT FEE $**_____ _____ **APPROVED BY**	I hereby declare that the above information is correct, and I do agree, in consideration of and upon issuance of a building permit, to perform only such work as described herein. I further declare that I am the owner, his contractor or authorized agent and have permission from the owner to apply for this permit. I/WE AGREE TO CONFORM TO ALL APPLICABLE LAWS, ORDINANCES AND CODES OF THIS JURISDICTION. _____ **Print Name** _____ **Signature of Applicant** **Date**