



City of Rochester

400 Sixth Street
Rochester, MI 48307
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Tree Removal Permit

FORM MUST BE FILLED OUT COMPLETELY (Must be submitted by Property Owner)

Date Submitted: _____

Property Owner Name: _____

Address: _____

Phone Number: _____

Email: _____

INFORMATION ON PROPERTY FOR WHICH THE PERMIT IS REQUESTED:

Street Address: _____

Sidwell Number (City will provide): _____

Number of Trees Requested to be removed (species, & diameter of trees *if known*):
(3 trees permitted without replacement required per year (if not landmark trees))

Brief Description Why Tree Removal is Necessary: _____

Submittal Checklist (Please provide the following items):

- Completed Application
- \$50.00 Application Fee
- Picture of Tree(s) *Optional*

Applicant's Name (Please Print)

Applicant's Signature

If you have questions, call or email Nik Banda at (248) 909-4072 or nbanda@rochestermi.org.

FOR INTERNAL USE ONLY:

Date Approved:
Check Amount:
Check #: