



CITY OF HOQUIAM
PUBLIC WORKS DEPARTMENT
Brian Shay
City Administrator

Tree Permit# _____

Date
Application Accepted

Tree Planting Permit

APPLICANT NAME: _____

PHONE NUMBER: _____

ADDRESS: _____

TYPE OF TREE TO BE PLANTED OR ALTERED: _____

WHAT IS THE WIDTH OF YOUR PLANTING STRIP? MEASURE FROM THE INSIDE
EDGE OF THE CURB TO THE EDGE OF THE SIDEWALK:

DOES YOUR PLANTING STRIP HAVE OVERHEAD TELEPHONE AND/OR UTILITY
LINES RUNNING PARALLEL TO THE CURB?

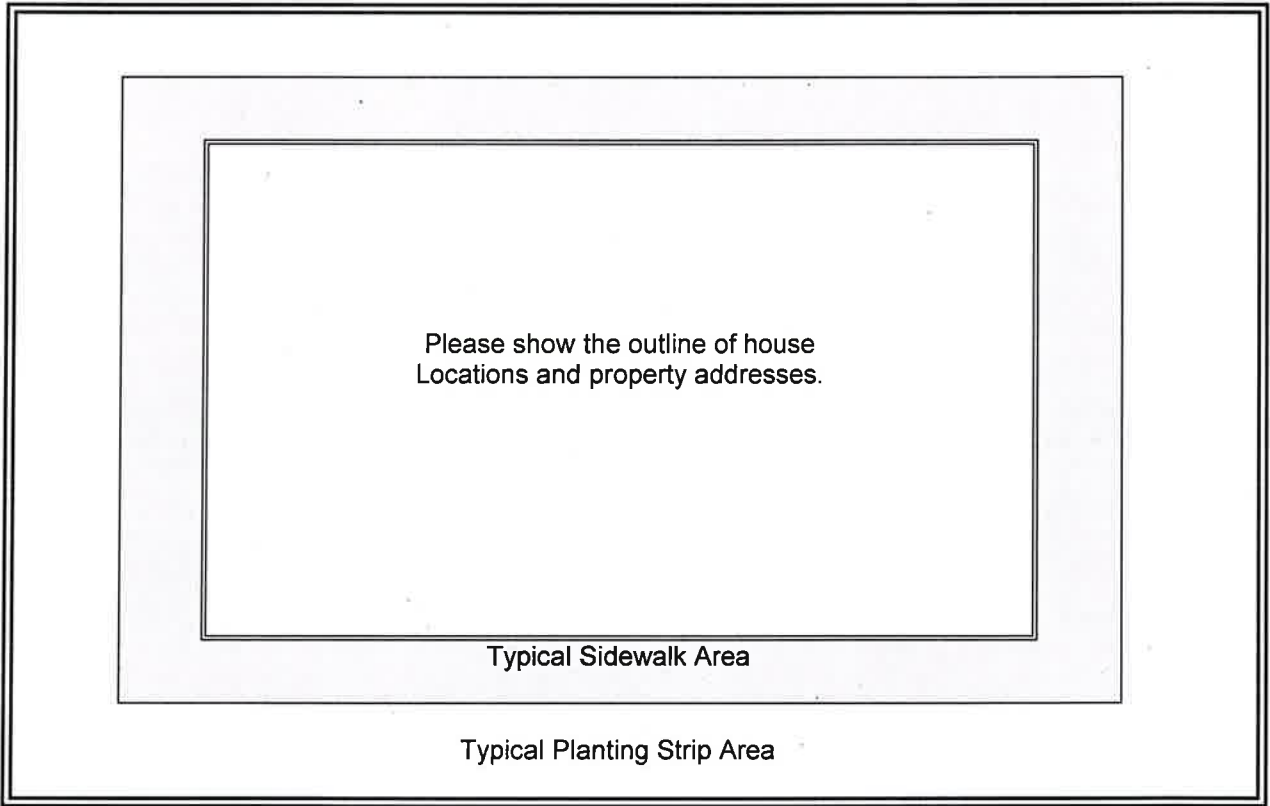
PROPOSED PLANTING DATE: _____

APPLICANT SIGNATURE

DATE

PUBLIC WORKS DEPT. APPROVAL

DATE



Street Name: _____

Where relevant, please indicate (on the map) the approximate location of the following items by using the symbols that are listed below.

- ⊕ Existing Tree
- ⊘ Existing Tree to be Removed
- + Desired Location of tree(s) to be planted
- Location of tree to be altered
- ▽ Fire Hydrant
- Street Light

If a driveway exists, please draw its approximate location in relation to all other existing site features