



CITY OF HEDWIG VILLAGE
TREE REMOVAL APPLICATION

Permit Number: _____ Date Issued: _____
(For Office Use)

Owner's Name: _____

Property Address: _____

Home Phone Number: _____ Cell Number: _____

Tree Removal Contractor: _____

Contractor Phone Number: _____

Request For Permit Solely For Inspection and Removal of the Following:

Per approval of this permit of which the issuance is pursuant to City Ordinances 395 and 411. This permit shall become null and void if work authorized is not commenced within 60 days or if work is not completed within 180 days. This permit is subject to being revoked or suspended for violations of any city ordinance.



Applicant Signature