



CITY OF OAK HARBOR
Development Services Department

**Oak Tree Trimming or Removal
Application Form**

APPLICANT NAME/CONTACT PERSON (or legal representative):	Address:
E-mail Address:	Phone and Fax:
PROPERTY OWNER NAME (list multiple owners on a separate sheet):	Address:
E-mail Address:	Phone and Fax:
TREE LOCATION INFORMATION (address/location):	Parcel Number(s):

Please submit two (2) copies of a plan (along with this application) that includes the following information:

1. Scale, north arrow and vicinity map;
2. Property lines and setback lines;
3. Structures, sidewalks and driveway; and
4. The general location and size of oak tree(s) that will be trimmed or removed.

Describe your request: _____

Justification for removal, topping or trimming of oak tree(s): _____

AUTHORIZATION:
 The undersigned hereby certifies that this application has been made with the consent of the lawful property owner(s) and that all information submitted with this application is complete and correct. False statements, errors, and/or omissions may be sufficient cause for denial of the request.

I declare under penalty of the perjury laws that the information I have provided on this form/application is true, correct and complete.

Authorized Signature **Date**