

City of New Meadows Tree Removal / Trimming Permit Application

Name of Applicant or Owner's Representative: _____

Mailing Address: _____

Phone: () _____ - _____ Cell phone: () _____ - _____

Address of Removal / Trimming: _____

Property Owner's Signature: _____ Date: _____

Date of Removal / Trimming: _____

Starting time of Removal / Trimming: _____

Completion time of Removal Trimming: _____

- Proper traffic control devices shall be used.
- All tree and branch materials shall be removed from right of way.
- Any damage to the street or street right of way shall be repaired to the City's satisfaction.

Signature of Application: _____

Date: _____

City Use Only

Date Permit granted: _____

City Official Signature: _____