



200 East Station Street

Ashville, OH 43103 Office: 740/983-6367 ● Fax: 740/983-4703 Website: www.ashvilleohio.gov

ASHVILLE TREE PERMIT

Permit Number:	
	Date Issued:
	Permission Granted By:
PLEASE SUBMIT THE FOLLOWING:	
ONE (1) TREE SURVEY; ONE (1) TREE PRESERVATION PI CERTIFIED ARBORIST REPORT (if required))	LAN; ONE (1) TREE REPLACEMENT PLAN; and, ONE
PROPERTY INFORMATION: This section must be completed.	
Current Property Owner (s):	
Mailing Address: (Street, City, State, Zip Code)	
Telephone:	Fax:
Email or Alternate Contact Information:	<u> </u>
Property Address/Location:	
CONTRACTOR/CONTACT INFORMATION. This section must be	completed.
Contact Person (s):	Contractor:
Mailing Address:	Business Name:
(Street, City, State, Zip Code)	
Telephone:	Fax:
Email or Alternate Contact Information:	
Trees Being Impacted or Removed (Attach separate sheet if necessary):	Reasons for Action or Removal (attach separate she necessary):
Date(s) of Removal:	

ALITHORIZATION TO VISIT TH	E DDODEDTV: Site visite to the	property by Village representatives are essential to	o process
application. The Owner, as sign	ed below, hereby authorizes Villa	ge representatives to visit, photograph, take mea	
other necessary activities on the particle.	property described in this application	າn. and understand the contents of this application. T	he informa
		submitted is complete and in all respects true and	
best of my knowledge and belie	f. Furthermore, signature of this a	pplication indicates my authorization for village st	
property in question in order to pr	ocess this tree action or removal p	ermit request.	
Signature of Applicant:		Date:	
ADDITIONAL INFORMATION:			
FOR OFFICE USE ONLY:			
Date Received:	Date Approved:	Approved By:	
	<u>.</u>	·	

Tree Permit Application 2 of 2 | P a g e Revised 10/31/2020

The Village of Ashville A Vibrant & Friendly Community Urban Forestry 740-983-6367

customerservice@ashvilleohio.gov