



City of Dearborn

Economic Development Department

16901 Michigan Ave, Ste. 7
Dearborn, MI 48126
313-943-2150
treepermits@dearborn.gov

TREE REMOVAL PERMIT APPLICATION

The City of Dearborn is recognized as a Tree City USA. The protection and conservation of healthy, high-quality trees is of paramount concern. Pursuant to City of Dearborn ordinance, a Tree Removal Permit is required to remove or relocate any tree with a DBH (diameter at breast height) of 16 inches or greater. Please see "**Application Requirements**" below.

A site visit will be performed to verify application information. Trees will be evaluated on the quality of the area of location, including tree species, habitat quality, health and vigor of the tree, tree size and density. Permission will be granted to remove or relocate a tree when it is consistent with good forestry practices or if it will enhance the health of remaining trees. Permission will also be granted where necessary for the location of a structure or site improvement, if a reasonable and prudent alternative location for such structure or improvement can be demonstrated to create an undue hardship.

Application Requirements

1. Complete the Tree Removal Application Form
2. Property Owner Signature is required on the application form. A copy of a signed contract for the tree removal will fulfill this requirement.
3. Complete the **Site Plan** section on the application form. Include the following:
 - a. Location of all property lines and easements
 - b. Existing buildings and structures
 - c. Location of tree(s) to be removed
 - d. Location of replacement tree(s)
4. Tree Removal Contractors must be registered with the City of Dearborn. Please contact the City Clerk's office at (313) 943-2015 for information on contractor requirements and fees.
5. There are no fees for a tree removal permit.
6. **Standardized Arborist Report** completed by an *ISA Certified Arborist* containing the following information:
 - a. Species of tree(s)
 - b. Conditions of tree(s)
 - c. DBH (diameter at breast height) of tree(s)
 - d. Arborist's name and license number
7. Please allow five (5) business days for processing.

Permits are emailed to the contractor upon approval. If an email address is not included on the application the permit will be mailed to the contractor's business address. If a permit is denied the property owner and contractor will be contacted with the reason for denial. Denied permits may be appealed to the director within 21 days of the denial.

This application can be submitted via email to: treepermits@dearborn.gov



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STANDARDIZED ARBORIST REPORT

Site Address: _____

Date of Evaluation: _____

Tree 1 Species / DBH:	
Common Name:	
Location:	
Description/Condition:	<input type="checkbox"/> Excellent 100% <input type="checkbox"/> Very Good 90% <input type="checkbox"/> Good 80% <input type="checkbox"/> Fair 60% <input type="checkbox"/> Poor 40% <input type="checkbox"/> Critical 20% <input type="checkbox"/> Dead 0%

Tree 2 Species / DBH:	
Common Name:	
Location:	
Description/Condition:	<input type="checkbox"/> Excellent 100% <input type="checkbox"/> Very Good 90% <input type="checkbox"/> Good 80% <input type="checkbox"/> Fair 60% <input type="checkbox"/> Poor 40% <input type="checkbox"/> Critical 20% <input type="checkbox"/> Dead 0%

Tree 3 Species / DBH:	
Common Name:	
Location:	
Description/Condition:	<input type="checkbox"/> Excellent 100% <input type="checkbox"/> Very Good 90% <input type="checkbox"/> Good 80% <input type="checkbox"/> Fair 60% <input type="checkbox"/> Poor 40% <input type="checkbox"/> Critical 20% <input type="checkbox"/> Dead 0%

Tree 4 Species / DBH:	
Common Name:	
Location:	
Description/Condition:	<input type="checkbox"/> Excellent 100% <input type="checkbox"/> Very Good 90% <input type="checkbox"/> Good 80% <input type="checkbox"/> Fair 60% <input type="checkbox"/> Poor 40% <input type="checkbox"/> Critical 20% <input type="checkbox"/> Dead 0%

Comments:

Arborist Name: _____ Signature: _____

I certify that the above information is correct to the best of my knowledge.

Certification Number: _____ Expiration Date: _____