

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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TREE REMOVAL PERMIT APPLICATION

TREE REMOVAL PERMIT APPLICA	AHON				Site	Addr	ess: _								
Property Owner Information/Affidavit (Pleas I do hereby certify that I am the owner of the property do physical possession of the permit before beginning any wo penalties of fines up to \$500 and/or 93 days in jail for each understand that replanting is a condition of the tree removes the property for the purposes of site inspections of the property	escribed and ork and that fa h tree remove val permit. I fu	that I concu ilure to obt ed. I agree t urther grant	ir with th ain a pern o meet a permissi	e informal nit may I tree r on for t	mation resulti eplanti the City	descri in a cou ng req	bed in ırt appo uireme	this ap earand ents as	pplica e tick outli	ntion. ket for ned in	I under a mis	sdemea ordina	anor witl nce 12-1	h poss l 106 a	ible ind I
the property for the purposes of site inspections of the proposed tree removal/replacement activity. Owner Name:							Phone Number:								
Owner Address:			City:				Sta	State: ZIP:							
Signature of Property Owner:	Email Add	dress:				Date:									
Contractor Information															
Company Name:			Office Phone Number:					Cell Phone Number:							
Address:		City:				State: ZIP:									
Email Address:			City Registration Number:				Ex	piratio	on Da	ite:					
Signature of Contractor:							Da	ite:							
Tree Removal Permit															
☐ am applying for a Standard Tree Removal Permit.	Constru	ction Relat	ed (Const	ruction	n Permi	it #)			St	art Da	ate:				
I am applying for an Emergency Tree Removal Permit immediate action for the safety of human life or structures in order to receive a retroactive Tree Removal Permit. I h NOTE: The property owner and/or the contractor may be property owner or contractor is unable to demonstrate the	s and there wa have included of found in vio	as insufficie photograp plation of Ci	nt time to nic evide ty ordina	obtair	n a perr :he haz	nit. I ar ardous	n subm condit	itting tions t	this a hat cı	pplica reated	ation v	within 7 emerge	7 days of ency.	f the w	vork
Tree Information (If more than 4 trees, please use addition	onal paper.)	Site Pla	n (See re	verse fo	r inform	nation r	equired	on the	site p	lan.)					
Tree 1: Dead/Dying Diseased Construction Da															
Tree 2: Dead/Dying Diseased Construction Da	angerous														
Tree 3: Dead/Dying Diseased Construction Da	angerous														
Tree 4: Dead/Dying Diseased Construction Da	angerous														
Estimated Date of Tree Removal:															
For Office Use Only:													-	,	
Date Submitted: Case Number: Parcel ID #: Permit Reviewed by: Permit ApprovedPermit Not Required Date:				-				roper	ctor I ty Ow ty Ow	nform vner V vner S	nation /erifie signat	ure / C	ed Contract		
Cancelled/Denied. Reason:															



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STANDARDIZED ARBORIST REPORT

Site Address:			Date of Evaluation:									
Tree 1 Species / DBH:												
Common Name:												
Location:												
Description/Condition:	Excellent 100%	□Very Good 90%	□Good 80% □Fai	ir 60% □Poor 40%	□Critical 20%	□Dead 0%						
Tree 2 Species / DBH:												
Common Name:												
Location:												
Description/Condition:	Fxcellent 100%	Very Good 90%	□Good 80% □Fai	ir 60% Poor 40%	Critical 20%	□Dead 0%						
, ,												
Tree 3 Species / DBH:												
Common Name:												
Location:												
Description/Condition:	□Excellent 100%	□Very Good 90%	□Good 80% □Fai	ir 60% □Poor 40%	□Critical 20%	□Dead 0%						
Tree 4 Species / DBH:												
Common Name:												
Location:												
Description/Condition:	Fycellent 100%	Nery Good 90%	□Good 80% □Ea	ir 60%	Critical 20%	Dead 0%						
Description, condition.	Executivit 100%	Livery Good 7070	a	11 00% 🗀 001 40%	Lefficial 2070	Dcad 0/0						
Comments:												
Arborist Name:			Signature:									
				e above information is c	orrect to the best	of my knowledge.						
Certification Number:			Expiration Da	ate:								