



TREE REMOVAL PERMIT APPLICATION

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

Application Instructions

1. Complete the Tree Removal Application Form and pay the **\$125.00** nonrefundable permit application fee.
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. **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.
4. Please allow five (5) business days for processing.

Permits are emailed to the contractor or homeowner upon approval. If an email address is not included on the application the permit will be mailed to the address listed below. 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 date of denial.

Property Owner Information/Affidavit *(Please read carefully to fully understand the requirements.)*

I do hereby certify that I am the owner of the property described and that I concur with the information described in this application. I understand that I must have physical possession of the permit before beginning any work and that failure to obtain a permit may result in a ticket for a civil infraction with possible penalties of fines of \$250.00 for each tree removed. I further grant permission for the City of Dearborn and its agents, officers, and employees to enter the property for the purposes of site inspections of the proposed tree removal/replacement activity. I understand that a nonrefundable permit application fee of \$125.00 is required with this application.

Owner Name:		Phone Number:	
Owner Address:	City:	State:	ZIP:
Signature of Property Owner:	Email Address:	Date:	

Contractor Information *Homeowners do not need to fill this section out if they are removing the tree(s) without a contractor.*

Company Name:	Office Phone Number:	Cell Phone Number:	
Address:	City:	State:	ZIP:
Email Address:	City Registration Number:	Expiration Date:	
Signature of Contractor:		Date:	

Tree Removal Information: Site Address: Estimated Date of Removal:

I am applying for a Standard Tree Removal Permit as a Contractor.

I am applying for a Standard Tree Removal Permit as a Homeowner. I understand that as the Homeowner I am liable for any damages caused by removal.

I am applying for an Emergency Tree Removal Permit (Retroactive). I had to remove the tree(s) because there were hazardous or dangerous conditions requiring immediate action for the safety of human life or structures and there was insufficient time to obtain a permit. I am submitting this application within 7 days of the work in order to receive a retroactive Tree Removal Permit. I have included photographic evidence of the hazardous conditions that created the emergency. **NOTE: The property owner and/or the contractor may be found in violation of City ordinance if it is determined that trees were removed without a permit and the property owner or contractor is unable to demonstrate the emergency. (Ord. 12 -1105)**

Tree Information *If more than four trees are being removed, please continue on an additional sheet of paper.*

Tree 1: Species _____ DBH: _____	Tree 3: Species _____ DBH: _____
Tree 2: Species _____ DBH: _____	Tree 4: Species _____ DBH: _____

For Office Use Only:

Date Submitted: _____ Case Number: _____

Parcel ID #: _____

Application Reviewed by: _____

Permit Approved. Cancelled/Denied. Reason: _____ Date: _____

Contractor Information Verified
 Property Owner Verified
 Property Owner Signature / Contract
 Permit fee paid