



City of Bloomfield Hills

45 E. Long Lake Road
 Bloomfield Hills, Michigan 48304-2322
 Phone (248) 644-1520 Fax (248) 644-4813
 www.bloomfieldhillsmi.net

**Application
 for a
 Replacement Tree Removal Permit**

APPLICANT MUST COMPLETE ALL ITEMS IN SECTION I, II, III & IV

Permits are not required to remove dead, diseased or dangerous trees. Permits are not required to remove ANY number of those varieties of trees listed as "Removable" in the Ordinance. Permits are not required to remove ANY NUMBER of trees that are under 8" diameter when measured 4.5 feet above the ground (d.b.h.)

I. OWNER INFORMATION	
NAME	A permit IS required to remove <u>the greater</u> of four "Replacement" trees or more than 10% of the total number of Replacement" type trees on the property, in a two-year period. (Refer to page 4, Section 22-23 of the ordinance) to determine these tree types:
ADDRESS	
E-MAIL ADDRESS	

II. IDENTIFICATION OF THE ENTITY REMOVING THE TREES:			
NAME	ADDRESS		
CITY	STATE	ZIP CODE	TELEPHONE NUMBER ()
CELL NUMBER ()	E-MAIL ADDRESS		

III. GENERAL PROPERTY AND PROJECT INFORMATION
<ul style="list-style-type: none"> ○ Have any living and healthy Replacement trees (8" or more d.b.h.) been removed from this property since June 12, 2012? Yes NO If yes, complete the "Tree Inventory-Prior Removal" schedule. ○ How many "Replacement Trees" (8" or more d.b.h.) are currently on the property? _____ ○ How many healthy "Replacement" trees (8" or more d.b.h.) are being removed? _____ (List on "Tree Inventory-Proposed Removal")
<ul style="list-style-type: none"> • BY APPLYING FOR THIS PERMIT, YOU INTEND TO REMOVE A REGULATED NUMBER OF THE REPLACEMENT TREES ON THE PROPERTY. ATTACH A SITE PLAN THAT DEPICTS THE LOCATION, SIZE (D.B.H.) AND TYPE OF ALL REPLACEMENT TREES ON THE PROPERTY. THIS WILL REQUIRE THE INSTALLATION OF NEW "REPLACEMENT" TREES ON YOUR PROPERTY. REFER TO THE ORDINANCE (Section 22-26) AND LIST THESE NEW TREES ON THE "TREE INVENTORY-REPLACEMENT SCHEDULE".

IV. APPLICANT SIGNATURE	
SIGNATURE OF PERSON MAKING THIS REQUEST	Date:

V. VALIDATION – FOR DEPARTMENT USE ONLY	
Signature	
Title	DATE