



FOR OFFICE USE ONLY	
Date Rcvd: _____	Date to Parks: _____
Date Installed: _____	
Date Inspected: _____	By: _____

Application for Forestry Permit
Form #PWP006 (rev. 11/16)

Date: _____

Property Owner Name: _____

Property Owner Address: _____

Requesting permission to (choose one): ___ Plant ___ Remove ___ Prune

Number of trees: _____ Species: _____ Size (DBH): _____

Tree(s) located at address: _____

Owner agrees to hold the City of Kenosha harmless in any accident; to pay all costs of work involved; **to comply with good forestry practices and rules; to remove stumps within 60 days**; and to comply with the regulations of the City Forester.

Person doing work: _____

Notes: _____

Print Name: _____

Signature of Property Owner: _____ Date: _____

Approved by: _____

Signature: _____ Date: _____

A copy of this form, signed by the City Forester, will serve as your permit.

Return this form to:

**City of Kenosha,
Public Works – Park Division
3617 65th Street
Kenosha, WI 53142**