CITY OF PASS CHRISTIAN CODE ENFORCEMENT OFFICE

PASS CHRISTIAN TREE BOARD

PHONE: (228) 452-3316 EMAIL: codesoffice@pass-christian.ms.gov

TREE PRUNING / REMOVAL APPLICATION FORM

1. Applicant Name: _____

   Address: _____

   Phone#: _____

   Email: _____

2. Name and address of agent (someone who is working on the applicant's behalf of a tree surgeon) Please note, if details for an agent are included here, we will automatically send any correspondence (including the application result) to the agent.

   Applicant Name: _____

   Address: _____

   Phone: _____

3. Postal address or location where the tree(s) is situated:

   Address: _____

4. Is the tree in a Conservation area: ( ) Yes ( ) No

5. Is the tree subject to a Tree Preservation Order?

6. Ownership:
   ( ) The applicant owns the trees
   ( ) The owner has been informed about the proposed work
   ( ) The owner is not known

IF YOU ARE REPLACING A TREE:

WHAT TYPE TREE IS BEING REPLACED: _____

HOW MANY TREES ARE BEING REPLACED: _____

7. Further Information

   Please list each tree affected by giving the tree type the reference number you have used on your sketch plan, a detailed description of the work you propose (e.g. Thinking tree crown by 30 percent), and the reason you need more space (attach a separate sheet).

8. Sketch a plan

   Draw a plan in the space provided which shows where the tree(s) is located within the boundaries of the property or land. Mark the Tree(s) you intend to work on clearly and give each tree a reference number or attach a sketch of the tree(s).

****** Tree Companies / Contractors will include cost of cleanup / haul off on all tree work.**

****** Homeowners / Residents who perform their own work will be responsible for cleanup / haul off. The city will not pick up. Contact Waste Company for their policy.**

I declare that the information I have been given is true to the best of my knowledge.

_____ _____
Signature Date

_____ _____
On behalf of (if you are an agent) Date

(OFFICIALS MUST SIGN FORM)

_____ _____
Signature Date

_____ _____
Agent issuing application Date

Prior to submitting this application, you must:

1. Flag the tree(s) you want to trim with a ribbon.
2. If applicable, stake out the footprint of proposed new structure(s).
3. If the lot is undeveloped and has no visible address marker, you can either
   A – Meet with the City Arborist, or
   B – Place a temporary sign with the property address in the front of the property

**** Dose the property have a visible address marker? Y / N
**** If no, will you: ( ) Place a temporary sign with the address at the property
( ) Or, would you like the City Arborist to call you and schedule an appointment.

** If you want an appointment, please list a contract name and number:

Name: _____
Number: _____