				age of South Barrington			Tree Planting and Removal Permit Fee is \$150.00 per Village Ordinance - O-2016-1144		
				ay Tree Removal					
		Applicant p	please complete areas A		completed after Build	-			
Address of Si	te:			For Village Use Only		Permit Number	Fee	Issue Date	
Owner's Name: Owner's Telephone:				Comments:					
Owner's Address:									
Contractor's Name, if Selected: Contractor's Telephone:									
Contractor's A	Address:								
TREE R	EMOVAL INFORMATIC	ON (Filled	I Out by Applicant)	TREE N	IITIGATION REQU	IRED (Fille	d Out By Buildi	ng Officer)	
Proposed Tree Removal				Required Replacement Trees					
Tree No	Species (common name)	DBH	Reason For Removal	# Trees	Caliper		Species		
					(6			
Anticipated Tree Removal Date(s):									
Applicant Certification:				Applicant Acceptance:		•	Approval by Building Of	ficer:	
I certify the above tree removal information is correct.				I agree to plant the required replacement trees.					
Note: Tree removal work must be performed by an insured									
contractor. Please attach a copy of contractor's Certificate of Insurance to this application.							Signature	of Building Officer	
Applicant Signature: Date:			Applicant Signature:			Date:			
Applicant Printed Name:				Applicant Printed Name:			\$150 Permit Fee receiv Date:	ed Initials:	