

PERMIT# _____



CITY OF DIAMONDHEAD

BUILDING DEPARTMENT 5000 DIAMONDHEAD CIRCLE (228) 222-4626

TREE PRUNING/ REMOVAL PERMIT

APPLICANT: _____

MAILING ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____ - _____ FAX: _____ - _____ EMAIL: _____

OWNER: _____

MAILING ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____ - _____ FAX: _____ - _____ EMAIL: _____

PROPERTY:

ADDRESS (IF KNOWN): _____ ZONING DISTRICT: _____

TAX PARCEL ID NUMBER: _____ - _____ - _____ BLOCK: _____ LOT: _____ RANGE: _____ SECTION: _____ TOWNSHIP: _____

FLOOD ZONE: _____ DFRIM MAP/PANEL NO: _____ PLOT AREA: _____ SQ. FT / ACRES (CIRCLE ONE)

TREE REMOVAL CONTRACTOR: _____ LAND SURVEYOR: _____

SCOPE OF WORK TO BE:

SPECIES OF TREE	PRUNED:		REMOVED: ATTACH TREE SURVEY (WHEN APPLICABLE)	
	NUMBER	CALIPER	NUMBER	CALIPER
• LIVE OAK	_____	_____	_____	_____
• MAGNOLIA	_____	_____	_____	_____
• CYPRESS	_____	_____	_____	_____
• SYCAMORE	_____	_____	_____	_____
• CEDAR	_____	_____	_____	_____

DEFINE HARSHIP/JUSTIFICATION FOR TREE PRUNING OR REMOVAL:

APPLICANT ACKNOWLEDGEMENT

I UNDERSTAND AND CONFIRM; THAT THE ISSUANCE OF THIS PERMIT IS CONTINGENT UPON THE INFORMATION PROVIDED TO THE CITY OF DIAMONDHEAD BEING TRUE AND ACCURATE; THAT ALL PLANS AND SUPPORTING DATA HAVE BEEN PROVIDED. I AGREE TO COMPLY WITH THE TREE PROTECTION ORDINANCE AND ALL APPLICABLE REGULATIONS OF THE CITY OF DIAMONDHEAD. NO TRIMMING, PRUNING OR REMOVABLE IS TO BE COMMENCED OR CONDUCTED UNTIL SUCH TIME AS THIS PERMIT IS ISSUED BY THE AUTHORITY HAVING JURISDICTION. THIS PERMIT MAY BE REVOKED AT ANY TIME THAT THE OWNER OR HIS/HER AGENT FAILS TO COMPLY WITH THE ORDINANCES AND REGULATIONS OF THE CITY OF DIAMONDHEAD, MS. I ACKNOWLEDGE THAT I AM TOTOALLY RESPONSIBLE FOR REMOVAL AND DISPOSAL OF ALL LIMBS, TRUNKS, LEAVES AND ANY AND ALL DEBRIS GENERATED AS A RESULT OF THIS PERMIT.

APPLICANT SIGNATURE _____ DATED: _____
PRINT NAME ABOVE SIGNATURE

DO NOT WRITE BELOW THIS LINE – COD USE ONLY

APPLICATION APPROVED: _____ DATED: _____
PRINT NAME ABOVE SIGNATURE

FINAL INSPECTION: _____ DATED: _____
PRINT NAME ABOVE SIGNATURE