



Tree Advisory Commission
City of New Castle
220 Delaware Street
New Castle, Delaware 19720
Phone: (302) 322-9801
Fax: (302) 322-9814

CITY TREE WORK PERMIT APPLICATION

Date of Request: _____

- _____ Planting Permit
- _____ Pruning Permit
- _____ Removal and Replacement Permit
- _____ Tree Pit modification or creation

Applicant(s) Name: _____

Address: _____

Phone(s): _____ Email: _____

Location/address of requested tree work: _____

Tree Location: _____

Number, species and size* of tree(s) to be **planted**: _____

Number, species and size* of tree(s) requested to be **pruned****: _____

Reason(s) for pruning request: _____

Number, species and size* of tree(s) requested for **removal****: _____

Reason(s) for removal request (Please fill out your selection of replacement tree(s)): _____

All contractors must be approved and licensed by the City.

Contractor's Name, Address, Phone Numbers: _____

Application is hereby made to conduct the operations described above. If a permit is granted, I/we agree to have all work performed in accordance with all specifications, rules and standards set forth in Chapter 210, of the Code of the City of New Castle. All work must comply with all ISA and ANSI specifications.

Signature(s): Property Owner(s): _____

Applicant: _____

