



**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:

File Number: 2018-

- 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: _____

Submit form to: City of New Castle, 220 Delaware St, New Castle, DE 19720;
or Fax to 302-322-9814; or scan and email to: kburgmuller@newcastlecity.org

*DBH; diameter at approximately 4.5 feet above grade. Must be measured, not estimated. (Measure the circumference and supply that measurement.)

**Please attach the report prepared by an arborist, certified by the International Society of Arboriculture or other nationally recognized tree research, care and preservation organization, stating and certifying the reason(s) for the tree work.

Documentary photographs are required for all removals.

Certified Arborist report - (write here or attach): _____

Company: _____ Phone: _____

Signed: _____ Certification: _____

City use only:

File Number: _____

Inspection Date: _____ DBH: _____ Condition: _____

Approved: _____ Initials: _____ Contractor: _____ License number: _____

Denied: _____ Initials: _____ Comments: _____

Inventory updated: initials: _____

City Administrator's Authorization: _____