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: 2019

Submit Form

_____ Planting Permit

_____ Pruning Permit

_____ Removal and Replacement Permit

_____ Tree Pit modification or creation

_____ Other (Please Explain)

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: info@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): _____

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Company: _____ Phone: _____

Signed: _____ Certification: _____

City use only:

PRINT

File Number: _____

Inspection Date: _____ DBH: _____ Condition: _____

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

Denied: _____ Initials: _____ Comments: _____

_____

Inventory updated: initials: _____

City Administrator's Authorization: _____