

CITY TREE WORK PERMIT APPLICATION

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

Phone: (302) 322-9801 Fax: (302) 322-9814

Date of Request: File Number: 2023-			
O Planting Pe	rmit		
O Pruning Pe	rmit		
Removal a	nd Replacement Permit		
Tree Pit mo	dification or creation		
Other (Plea	se Explain)		
Applicant(s) Nam	ne:		
Address:			
Phone(s):	Email:		
	of requested tree work: _		
-		anted:	
•		sted to be pruned**:	
Number, species	and size* of tree(s) reques	sted for removal**:	
Reason(s) for re	moval request (Please fill o	ut your selection of replacement tree(s)):	
	ust be approved and license ne, Address, Phone Numbers	d by the City.	
we agree to hav	e all work performed in acco 210, of the Code of the City	operations described above. If a permit is granted, I/ordance with all specifications, rules and standards set of New Castle. All work must comply with all ISA and	
Signature(s):			

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.delaware.gov

- *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:					
Signed:	Phone: Phone:				
City use only:		Reset Form	PRINT		
File Number:					
Inspection Date: DBH: _	Condition				
Approved:Initials:	Contractor:	License numbe	r.		
Denied:Initials:	Comments:				
Inventory updated: initials:	_				
City Administrator's Authorization:					
, a					