



**CITY TREE WORK PERMIT APPLICATION**

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

Date of Request: \_\_\_\_\_

File Number: 2023-\_\_\_\_\_

- 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: \_\_\_\_\_

