



TOWN OF CHARLOTTE
P.O. Box 119, Charlotte, VT 05445
Phone: 802-425-3533 Fax: 802-425-4241
Thomspson's Point Tree Removal or Pruning Permit

Property Owner: _____ **Phone #:** _____

Mailing address: _____

Email address: _____

Property Address: _____

Parcel ID Number: _____

Number of Trees to be Cut: _____

Number of Trees to be Pruned: _____

Description of Tree Location (*Please delineate each stem with flagging, string or tape.*):

Purpose of Removal or Pruning:

- | | | |
|---------------------|---------------------------------------|-------------------|
| _____ Hazard | _____ Construction | _____ Clearance |
| _____ Defects | _____ Damaged/Diseased | _____ Tree Health |
| _____ Line of Sight | _____ Utility Line Maintenance Safety | |

Sight Visit Date: _____

Request for Tree Removal or Pruning:

GRANTED: _____

DENIED: _____

Requires a Public Hearing: _____

Comments:

Property Owner Signature: _____ **Date** _____

Tree Warden: _____ **Date** _____

Any questions, please contact Charlotte Tree Warden at treewarden@townofcharlotte.com