

MAYOR
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**LANDMARK TREE PRUNING PERMIT
(Expires six months from date of issue)**

Property Address: _____	Parcel Number: _____
Tree Species: _____	Common Name: _____

Property Owner: _____ Daytime phone: _____

Property Owner's Mailing Address: _____

Applicant: _____ Daytime phone: _____

Applicant's Mailing Address: _____

CITY ARBORIST RECOMMENDATION: _____

REASON FOR PRUNING: (briefly describe the reason for pruning the tree) _____

I hereby acknowledge, by my signature below, that the forgoing application is complete and accurate and that I am the owner of the subject property or the authorized representative of the owner. All tree pruning will be accomplished in accordance with the procedures set forth in the 2001 ANSI A300 standards or its revision. Any work completed shall be limited to the Conway Arborist recommendation.

Applicant Signature Date

City Arborist Date