VILLAGE OF CASS CITY
TREE PERMIT APPLICATION

Please fill out the following fields and return to the Village of Cass City Municipal Building at 6506 Main St. Cass City, MI 48726 at least **five (5)** business days prior to the proposed activity. This permit is only applicable for trees in the public right-of-way or on public grounds owned by the Village of Cass City.

Name:		Phone:	
Address:			
Email address:		Business: Y / N (circle one)	

I am a: (please select one)	
☐ **1**	Village resident wishing to **plant** a tree in the public right-of-way or on public land
☐ **2**	Village resident wishing to **remove** a tree in the public right-of-way
☐ **3**	Other, please explain: _____

ACTIVITY SPECIFIC INFORMATION:

Please fill out **one (1)** of the following tables. See Page 2 for tree removal questions.

OPTION 1: TREE PLANTING	
1	List all species of trees you would like to plant and quantities of each species.
2	List the size(s) of trees you would like to plant (include caliper and approx. mature height)
3	Is any species of tree a *nuisance tree* as defined by the Village of Cass City Tree Ordinance? (Chapter 42, Article II) (Nuisance trees are NOT permitted in the public right-of-way)
4	Do the proposed tree(s) produce fruit, nuts, or large seed pods? **Circle:** Yes / No
5	When do you plan to plant the tree(s)?
6	Who will care for the tree(s) during early growth? Ex/ watering, staking, treatment, etc.?
7	Will you (the property owner) or a hired contractor plant the tree(s)? List the contractor, if applicable.
8	Do you agree to contact MISS Dig before planting? **Circle:** Yes / No
9	Include a picture of each planting site, being sure to capture overhead utilities and sidewalks. You may email images to ccmanager@casscity.org with the subject line "TREE PLANTING PERMIT: [*YOUR NAME, DATE OF REQUEST*]"

	OPTION 2: TREE REMOVAL
1	How many trees do you want to remove? Please list trunk circumference(s), species, and approximate height(s).
2	Is any tree diseased, dead, or dangerous? If no, why is tree removal necessary?
3	Will you be planting any replacement trees? **Circle:** Yes / No
4	Will you (the property owner) plan to remove the tree(s), hire a contractor to remove the tree(s), or request the Village of Cass City DPW remove the tree(s) (subject to additional fees)?
5	Does the tree cross the parcel line between you and your neighbor(s)? If yes, include their address(es).
6	Will you be removing the stumps? **Circle:** Yes / No If "Yes", do you agree to contact MISS DIG before removing stumps? **Circle:** Yes / No
7	Include a picture of each proposed removal. You may email it to ccmanager@casscity.org with the subject line "TREE REMOVAL PERMIT: [*YOUR NAME, DATE OF REQUEST*]"

FOR OFFICE USE ONLY: _____

Permit: Denied   /   Approved

Approved with Modifications:

_____
_____
_____

_____   _____
Signature, Village Manager   Date