

This Application Form is to be completed in full by a Wilmington resident who wishes to plant, remove, or alter a tree that is located on the City right-of-way, adjacent to their property.

Once the Application Form has been completed by the resident, please give it to the Code Enforcement/Building and Zoning Department so that it can be date stamped and submitted to the Wilmington Tree Commission for processing. The resident will be notified (in a timely manner), by the Wilmington Tree Commission whether the application has been approved or denied.

Last Name:	First Name;
Address:	Phone: ()
The Applicant wish	es to perform the following action on the City Right of Way:
	Plant a tree at the Applicant's cost (according to the attached "Approved City Tree Listing and Planting Plan"). Indicate the tree species to be planted:
	Remove a tree at the Applicant's cost. Indicate the reason for removal: Indicate the licensed and insured company that will be removing the tree:
	Prune branches at the Applicant's cost. Indicate the reason for pruning: Indicate the number of branches to be removed: Indicate the licensed and insured company with certified arborist that will be removing the tree:

(NOTE: Liability will be the Applicant's responsibility.)

Please use the back of this form to draw the location of the work to be performed on the City Right of Way that borders your property.

This section is to be completed by the Wilmington Tree Commission					
Date Applicat	ion was received:	Is the Applic	cation Approved or Denied?		
If denied, reason:					
Will O.U.P.S. be contacted 1-800-362-2764 to mark the area? If so when:					
Signatures:	President of the Wilmington Tree Co	mmission	Secretary of the Wilmington Tree Commission		
Date the App	licant was notified of the status of the	eir request:		_	



Draw the outline of the City Right of Way where the work is to be performed, including street names, buildings, trees, obstacles and dimensions.

