

TOWN OF FREEDOM
DEAD
DANGEROUS
UNSAFE TREE
REMOVAL APPLICATION

Property Owner _____ Date _____

Map # _____ Lot # _____ Lot Size _____ Zoning District _____

Local Address: _____ Phone # _____

Mailing Address: _____ Phone # _____

E-mail Address: _____ Cell # _____

What is the present use of the property? _____

Describe the condition and number of the tree(s) to be cut: _____

Explain the danger or concern of tree(s) to be cut: _____

Attached signed opinion by licensed forester/arborist, if required.

Is the property 10 acres or more? Yes / No

Is there any wet area on this plot? _____

If yes, where? _____

- Attach a plot plan showing the location of the dead/dangerous tree(s) to be cut with the distance from a permanent structure. Include owner name, address, proposed date of project and map/lot number.
- Take pictures before and be prepared to show where tree(s) were prior to being cut.
- Be aware that there is a 30-day appeal period. Any tree removal before 30 days is at your own risk.
- No tree point count is required.
- If stumps are removed, fill in with pervious material, new trees, or natural vegetation. Protect the water body while and following removal.

Will you allow access to your property for inspection regarding this proposed work? _____

THE UNDERSIGNED OWNER HEREBY REQUESTS A ZONING PERMIT FOR THE ABOVE USE, TO BE ISSUED ON THE BASIS OF THE REPRESENTATIONS CONTAINED HEREIN. PERMIT IS VOID IN THE EVENT OF MISREPRESENTATION AND/OR NOT BEING IN COMPLIANCE WITH THE ZONING ORDINANCE, SUBDIVISION REGULATIONS (IF APPLICABLE) AND OTHER APPLICABLE STATE AND TOWN LAWS AND REGULATIONS.

SIGNATURE _____ DATE _____
PROPERTY OWNER

PLEASE READ AND, IF APPLICABLE, SIGN THE FOLLOWING STATEMENT IF YOU, AS OWNER, DESIGNATE AN AGENT (CO-APPLICANT) TO ACT ON YOUR BEHALF.

I DESIGNATE THE PERSON LISTED BELOW AS MY AGENT FOR THE PURPOSE OF PROCURING THE NECESSARY LOCAL PERMITS FOR THE PROPOSED WORK AS DESCRIBED HEREIN. REPRESENTATIONS MADE BY MY AGENT MAY BE ACCEPTED AS THOUGH MADE BY ME PERSONALLY, AND I UNDERSTAND THAT I AM BOUND BY ANY OFFICIAL DECISION MADE ON THE BASIS OF SUCH REPRESENTATIONS.

AGENT _____ TEL# _____
ADDRESS _____
OWNER'S SIGNATURE _____

THIS APPLICATION MUST MEET THE TERMS OF ARTICLE 19 SECTION 1901.1 THROUGH SECTION 1901.7 OF THE FREEDOM ZONING ORDINANCE.

ISSUED _____ DATE _____ EXPIRATION DATE _____

DENIED _____ DATE _____ ZONING ADMINISTRATOR _____

REASON FOR DENIAL _____