

# Street Tree Permit Application

Complete the following information and provide this form to the City of Alta Vista at 521 Main St.

## Applicant information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone and email: \_\_\_\_\_

Signature and submittal date: \_\_\_\_\_

## Type of Activity

## Tree Species

## # of Trees

Planting

\_\_\_\_\_

Removal

\_\_\_\_\_

## Location of Trees

Either attach a dimensioned diagram (showing streets, sidewalks, utilities and tree locations) or precisely describe where the trees (or planting spots) are located.

## Responsible Party for Performing Work

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

## Kansas One Call (Required)

1-800-DIG-SAFE or 811 or [www.kansasonecall.com](http://www.kansasonecall.com)

Ticket Number: \_\_\_\_\_

Original Call Date: \_\_\_\_\_

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*To be completed by City of Alta Vista Tree Board*

Indicate approval or disapproval, reasons for disapproval, conditions of approval:

Date \_\_\_\_\_ Planner's signature \_\_\_\_\_