



TOWN OF HARRISON

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www.harrisonmaine.org



TREE REMOVAL PERMIT APPLICATION

OWNER'S NAME: _____

MAILING ADDRESS: _____

PHYSICAL LOCATION (If different from mailing address): _____

MAP _____ **LOT** _____

TREE COMPANY/ARBORIST:

NAME: _____

ADDRESS: _____

TELEPHONE: _____

DISTANCE FROM PROTECTED RESOURCE: _____ **FEET**

JUSTIFICATION FOR REMOVAL: _____

SIGNATURE OF APPLICANT: _____ DATE _____

SIGNATURE OF CEO: _____ DATE _____

COMPLETE THE SCALED GRID ON REVERSE SIDE TO SHOW TREE(S) LOCATION, TYPE & SIZE (DBH)

*****ALSO INCLUDE BUILDING LOCATIONS*****

FOR OFFICE USE ONLY:

REQUIRED PLANTINGS AS CONDITION OF APPROVAL _____

**PROTECTED RESOURCE
LAKE, STREAM, RIVER OR WETLAND**

