
City of Saugatuck

TREE REMOVAL APPLICATION

PO BOX 86 102 BUTLER ST SAUGATUCK, MI 49453

PHONE (269) 857-2603 FAX (269) 857-4406 E-MAIL: kirk@saugatuckcity.com

_____, 200_ _____, 200_ **application #** _____

Application date: _____ **Approval Date:** _____ **Fee:** _____ **Date Pd.** _____

Work Site Address: _____ **Tax Parcel #:** _____

Owner's Name: _____ **Address:** _____

City _____ **State** _____ **Zip** _____ **Phone #** _____

Contractor's Name: _____ **Address:** _____

City _____ **State** _____ **Zip** _____ **Phone #** _____

CONTRACTOR PLEASE CALL MISS DIG AT 1-800-482-7171

Work to Be Done:

_____ **City Tree** _____ **Private Tree**

Size of Tree at 4 feet above grade: _____ **inches diameter.**

Location of tree:

Attach map or survey

Reason(s) for removal:

Applicant: Do Not Write Below This Line

Tree Review Board: _____ **Meeting Date:** _____ **Approval** ___ **Denial** ___

Comments: _____

Signature: _____, **Chair Tree Board**