



**PUBLIC WORKS DEPARTMENT**  
 2400 Margaret St. N., North St. Paul, MN 55109  
 Ph: 651-747-2407 Fax: 651-747-2435  
 www.northstpaul.org

**Tree Permit**  
**Application-2019**

Permit No: \_\_\_\_\_

Date Issued: \_\_\_\_\_

<input type="checkbox"/> Residential	<input type="checkbox"/> Multi-Family	<input type="checkbox"/> Commercial	Zoning District: _____	
Property Owner	Name		Phone	Cell Phone
	Mailing Address (if different)		Email	
	Tenant or Business Name:			
Contractor	Company		NSP License No.	
	Contact Person			
	Contact Email Address		Contact Cell Phone	
	Business Address		Business Phone	
	City	State	ZIP	

Type of Tree Permit Requested	
<input type="checkbox"/> Planting	<input type="checkbox"/> Trimming
<input type="checkbox"/> Removal	<input type="checkbox"/> Sculpture
<input type="checkbox"/> Pesticide/Fungicide Treatment	<input type="checkbox"/> Other: _____
Describe the location of the tree(s):	
Provide a brief description of the proposed tree work (in the case of treatment, name any chemical and application method to be used, if planting list the species of tree(s) to be planted):	
Print Name:	Signature & Date:
<b>Acknowledgement and Signature:</b> Issuance of a permit or approval of plans and specifications shall not be construed to be a permit for, or an approval of any violation of any of the provisions of the MN State Building Code or any other ordinance or jurisdiction.	
Important Notices	
1- <b>Permit holder is responsible for locating property lines.</b>	
2- <b>BEFORE DIGGING call Gopher State One Call at 811 for public utilities locates.</b>	
3- <b>Contact the Electric Department if power lines need to be dropped temporarily – 651-747-2400</b>	

<b>FOR INSPECTION</b> CALL: 651-747-2409	Final Inspections:
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Review/Approval Tracking:  Received on: \_\_\_\_\_ initials  
 City Forester: \_\_\_\_\_ initials  
 Public Works Director: \_\_\_\_\_ initials  
 Notified Applicant: \_\_\_\_\_ initials