## CityofSkyValley,Georgia

## Tree Cutting Permit Application

<b>Property Location</b>	1							
Property Owner Information				Applicant Information (if other than homeowner)				
Name				Name				
Address				Address				
City	State	Zip Code		City		State	Zip Code	
Phone Number				Phone Number				
Lifetime Maximum of 25% of trees outside of house footprint can be cut. Topping is highly discouraged - Ask us why				Please select the appropriate box for number of trees to be Cut or Topped.				
<u>can be cut. Topping is nightly discouraged - Ask us why</u>			1-5 trees \$75.00					
Number of trees to be CUT				\$75 + \$15.00 for each additional tree over 5				
Number of trees to be TOPPED				Trimming/Pruning - No fee				
Number of trees to be TRIMMED				Dead, Diseased, or Trees Creating A Hazard (to be verified by the City Marshal) - No fee				
Purpose for Reques	I							
notified prior to by								
INSURED CONT	RACTOR who w	<u>ill be responsi</u>	ble for cutti	ng/topping/trimmir	ng and re	moving tre	e cuttings	
Name				Phone Number				
Liability Ins Carrier				WC Ins Carrier				
				CONTRACTOR MUST cating which trees are				
must provide pro responsibility. Tre additional trees n OWNER/CONTRA remove any tree o Contractor to a fin to avoid these per By signing this app	of of insurance p es to be cut, top ot approved by CTOR to a fine no cuttings within 14 of e of \$100 perday nalties. Tree cutti plication you are	rior to issuance ped, or trimme the City will be of to exceed \$10 days of complet APPLICANTist ngs authorized agreeing that y	of a tree cut d MUST BE cl considered a 000 per tree a ion will be co responsible f under this pe rou have revi	ting permit unless pro early marked. Failur a violation of the City as well as replanting in nsidered a violation of or calling City Hallfor ermit are NOT eligible ewed the City's Tree Ordinances and will	operty ow e to obtain 's Tree Cut requirement of the Ordir a final insp to be left o Cutting Ord	ner signs Af n a tree cutt ting Ordinal ents as set for ance and w bection with utfor the Citt dinances ar	fidavit acco ing permit nces and w rth therein. /ill subject A ninsaid 14 d y's chipping nd you ackr	epting full or cutting ill subject Failure to opplicant/ ayperiod gservice. nowledge
Property Owner Signature				Applicant Signature	e			
	Contracto	or						
PERMITTED CUTTING AS APPROVED BY CITY FOR O				ICIAL USE ONLY Ins/Affid & Sketch Received				
				AS APPROVED BY	Date R	Received		
Number of trees to be TOPPED			IHE CITY	OF SKY VALLEY	Date c	of Approval		
Number of trees to be TRIMMED				Permit Expiration 90 DAYS AFTER APPROVAL				
City Marshal Signat	ure							