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Private Property Tree Request

☐ Tree Removal Permit No._____

☐ Tree Trimming Date Requested_____

☐ Tree Re-location Date to be inspected by_____

Property Address_____

Location of Tree_____

Description of Tree: Species_____ **Size**_____

Other Information_____

_____

Owner/Agent Address_____

Owner/Agent Signature_____

Contact Phone Number_____ **E-mail Address**_____

****

Official use only

$30.00 received: ☐ **Cash** ☐ **Check** ☐ **Non-profit**

Permit: ☐ **Approved** ☐ **Denied** ☐ **Pending**

Findings:

Urban Forestry B B B B B B B B B B B B B B B B B B B B B B B B B B B B B

Planning: _____ **Date:** _____

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Permit required for each tree. **Permit valid for 6 months.**
Inspection within ten working days.

Urban Development Department
Planning Division
PO BOX 1827
Mobile, AL 36633
251-208-5895 fax 251-208-5896
planning@cityofmobile.org