



**FOR OFFICE USE ONLY**

File # \_\_\_\_\_

Application Fee: \_\_\_\_\_

Filing Date: \_\_\_\_\_ Acceptance Date: \_\_\_\_\_

# Town of Hilliard Tree Cutting and Harvesting Application

**A. PROJECT**

1. Project Name: \_\_\_\_\_
2. Address of Subject Property: \_\_\_\_\_
3. Parcel ID Number(s) \_\_\_\_\_
4. Existing Use of Property: \_\_\_\_\_
5. Future Land Use Map Designation: \_\_\_\_\_
6. Existing Zoning Designation: \_\_\_\_\_
7. Acreage: \_\_\_\_\_

**B. APPLICANT**

1. Applicant's Status             Owner (title holder)             Agent
2. Name of Applicant(s) or Contact Person(s): \_\_\_\_\_ Title: \_\_\_\_\_  
Company (if applicable): \_\_\_\_\_  
Mailing address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Telephone: (\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_ e-mail: \_\_\_\_\_
3. If the applicant is agent for the property owner\*:  
Name of Owner (title holder): \_\_\_\_\_  
Company (if applicable): \_\_\_\_\_  
Mailing address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Telephone: (\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_ e-mail: \_\_\_\_\_

\* Must provide executed Property Owner Affidavit authorizing the agent to act on behalf of the property owner.

**C. ATTACHMENTS**

- 1. **Copy of Warranty Deed or other proof of ownership**
- 2. **Legal description**
- 3. **Survey (if available)**
- 4. **Statement of proposed work including proposed travel route for tree removal.**
- 5. **Agent Authorization, if applicant is not owner.**

**D. EXPECTATIONS**

- 1. The applicant will take no more than 20 days after last cut, to ensure that the ditches and culverts in or along the any above referenced public property, including the removal route and unimproved Rights-of-Ways and Alleyways that are cut will be cleared of all debris and returned to at least as good a condition as they were before the issuance of this deposit.

**E. DEPOSIT**

- 1. \$1,000.

**All attachments are required for a complete application. A completeness review of the application will be conducted within fourteen (10) business days of receipt. If the application is determined to be incomplete, the applicant will be required to provide the needed documents prior to approval of work. Work prior to approval will result in a Code Enforcement Violation.**

**I/We certify and acknowledge that the information contained herein is true and correct to the best of my/our knowledge:**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Co-applicant

\_\_\_\_\_  
Typed or printed name and title of applicant

\_\_\_\_\_  
Typed or printed name of co-applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

State of \_\_\_\_\_ County of \_\_\_\_\_

The foregoing application is acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_

\_\_\_\_\_, who is/are personally known to me, or who has/have produced \_\_\_\_\_ as identification.

NOTARY SEAL

\_\_\_\_\_  
Signature of Notary Public, State of \_\_\_\_\_