

VILLAGE OF NORTH BARRINGTON

111 OLD BARRINGTON ROAD, NORTH BARRINGTON, IL 60010

PHONE: (847) 381-6000 FAX: (847) 381-3303

APPLICATION & PERMIT
HERITAGE TREE REMOVAL

OWNER: Name: _____ Date: _____
Address: _____
Phone: _____ Email: _____

PROJECT ADDRESS: _____

CONTRACTOR: Business Name: _____ To Be Determined
Contact Person: _____
Address: _____
Phone: _____ Email: _____

Tree Diameter (inches) at 4.5 feet high: _____

Type of Tree: _____

Reason for Removal: _____

Location: _____

(If a sketch is needed, please use the back side of this form)

SELECT METHOD TO RECEIVE PERMIT:

_____ USPS Mail to Property Owner

_____ Pick up at Village Hall

OFFICIAL USE ONLY

Approved: _____ Yes _____ No

Inches of Replacement Required: _____

Replacement Required: _____ Yes _____ No

Tree Bond Amount: \$ _____

(Refundable two (2) years after trees are planted)

Comments:

Reviewer: _____

Approval Date: _____

Permit No. _____