



TOWN OF JAMESTOWN

Tree Preservation & Protection Ordinance

Permit Application

Applicant's Name: _____ Telephone #: _____

Address: _____

Organization: _____ Email: _____

(If different than applicant's name)

Supervising Arborist: _____ RI License #: _____

Business Affiliation: _____ Telephone #: _____

Address: _____

Reason for Permit Request: _____

Description of Work: _____

(If work includes the planting of more than six (6) trees, applicant must submit a planting plan.)
(If work is in a CRMC or DEM Zone a permit from that organization must be issued before this permit can be approved.)

Location of Work: _____

Permit Applicant agrees to comply, without exception to all conditions without exception.

Applicant's Signature

Date



FOR OFFICIAL USE ONLY

Permit Approved: _____

Date Received: _____

Date Permit Issued: _____

Expires 12 months after issue date ➔

Permit Denied: _____

Reason for Permit Denial: _____

If denied you have a right to appeal decision to the Tree Preservation & Protection Committee.

Tree Warden Signature: _____

Date: _____