



TOWN OF JAMESTOWN Tree Preservation & Protection Ordinance

Permit Application

Applicant's Name: _____ Telephone #: _____

Address: _____

Organization: _____ Fax #: _____

(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, the applicant must submit a "Planting Plan")

Location of Work: _____

Permit Applicant has received The Conditions of Permit and agrees to comply, without exception to the conditions.

Applicant's Signature

Date



FOR OFFICIAL USE ONLY

Permit Number: _____

Date Received: _____

Permit Approved: _____

Permit Denied: _____

Date Permit Issued: _____

Expiration Date: _____

Fee Required: _____

Date Paid: _____

Reason for Permit Denial: _____

Tree Warden Signature: _____

Date: _____