

City of Springfield
 Office of Public Works
 Municipal Building, Room 201
 Springfield, IL 62701
 Phone: 217-789-2255

Springfield Public Property Tree Work Permit Application

Please mail completed application to the address above or email it to the City Arborist (Jeffrey.Reim@Springfield.il.us). There is no charge for this permit, but a permit number must be issued before work can begin. This application will be returned to you as approved or denied. Please type or print.

| | | | |
|---|------------|-----------------|----------------------|
| First Name: | Last Name: | Daytime Phone#: | |
| Street Address: | City: | State: IL | Zip Code: |
| E-mail address (for permit approval/denial notification; if left blank, notification will be mailed): | | | Date of Application: |

| | | |
|-----------------------|--|---|
| Number of Trees: | Tree Location(s): | Type of Tree(s): |
| Work To Be Performed: | <input type="checkbox"/> Pruning <input type="checkbox"/> Removal <input type="checkbox"/> Fertilizing <input type="checkbox"/> Pesticide/Spraying <input type="checkbox"/> Construction Under | <input type="checkbox"/> Transplanting <input type="checkbox"/> Lighting Protection Installation <input type="checkbox"/> Installation of Metal Signs, Cables, Wires, etc. <input type="checkbox"/> Cabling/Bracing <input type="checkbox"/> Other (Specify): |
| Work Will Be Done By: | <input type="checkbox"/> Self <input type="checkbox"/> Professional Tree Company (Specify): <input type="checkbox"/> Other (Specify): | |

If this permit is granted, I hereby agree that the work will be done in accordance with the City of Springfield *Arboricultural Specifications Manual* and directives given within this application.

Signature of Property Owner _____ Date _____

Note: Approval of this permit is contingent on the agreement to replace the tree(s) being removed with a tree(s) of appropriate variety, minimum 1-3/4 inch caliper, on public property unless otherwise specified by the Arborist. The tree(s) must be replaced within 6 months after removal.

(A copy of the approved permit must be present at the job site.)

For Use by the City Arborist

| | | |
|-----------------|------------|--|
| Date Inspected: | Species: | |
| Inspected By: | Condition: | |

Application Status

| | | |
|--|-----------|-------------------------|
| <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Modifications <input type="checkbox"/> Denied | Permit #: | Permit Expiration Date: |
|--|-----------|-------------------------|

Arborist Comments:

APPENDIX G – ANNUAL TREE SERVICE PROVIDER REGISTRATION FORM

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|---|---|
| City of Springfield Office of Public Works Municipal Building, Room 201 Springfield, IL 62701 Phone: 217-789-2255 | <h2 style="margin: 0;">Tree Service Provider Annual Registration Application</h2> |
|---|---|

Please mail completed application to the address above or email it to the City Arborist (Jeffrey.Reim@Springfield.il.us). There is no charge for this registration, but approval must be issued before tree service work can begin.

| | | | |
|-------------------------|--|-------------------------|--|
| Owner Name | | Owner Phone # | |
| Company Name | | Company Contact Phone # | |
| Company Mailing Address | | | |
| Company Email Address | | | |

| | |
|-----------------------------------|---|
| I have read and will comply with: | <input type="checkbox"/> City of Springfield Arboricultural Specifications Manual <input type="checkbox"/> ANSI A300 Tree Care Standards <input type="checkbox"/> ANSI Z133 Safety Requirements for Arboricultural Operations |
|-----------------------------------|---|

Checklist of documentation to be provided to the City of Springfield, BY THE INSURANCE COMPANY, to Jeffrey.Reim@Springfield.il.us or faxed to the Office of Public Works at 217-789-2366:

- Proof of Current General Liability Insurance
- Proof of Workers Compensation Insurance
- Proof of Vehicle Liability Insurance

Please note that certificates of insurance must list the City of Springfield as a certificate holder.

I do hereby apply for a registration permit to treat, trim or remove trees or shrubs or perform other arboricultural work for the City of Springfield. I shall indemnify and hold the City of Springfield harmless in case of any accident or any danger arising from the exercising of this registration.

| | | | |
|--------------------|--|------|--|
| Signature of Owner | | Date | |
|--------------------|--|------|--|

| | | |
|--|------------------------|--|
| For Use by the City Arborist | | |
| <input type="checkbox"/> Approved <input type="checkbox"/> Denied | Permit Expiration Date | |
| Arborist Signature | | |