



Date _____ Permit No. _____

City of Mandan Boulevard Tree Removal Permit

Project Street Address:		Start Date:	Est. Completion Date:
<u>Number of Trees to be Removed</u>		<u>Reason for Removal:</u> (Disease, hazard, storm damage, utility conflict, etc.)	
Has 811 been notified? Yes No <u>STUMP MUST BE REMOVED WITHIN 90 DAYS OF PROJECT COMPLETION.</u>		Will traffic be affected by the work? Yes No	Will a road closure be needed? Yes No
Work Performed By: Property Owner Contractor		If yes, describe traffic control or closure plan:	
Contractor Name, Address, Phone & Email		Property Owner Name, Address, Phone & Email	
PERMIT IS VALID FOR 90 DAYS FROM DATE OF ISSUANCE <u>Site inspection must occur before removal approval is granted. No trees shall be removed until authorized by City staff. Unauthorized removal may result in penalties and required replacement.</u>			
<i>(Section only applicable for Contractors)</i> <i>The contractor is required to furnish the city with evidence of a current state license and liability insurance.</i>			
I agree to hold the city harmless from any and all damages claimed by reason of carelessness, negligence, incompetence, or omission on the part of myself or any person hired or employed by me in the performance of their work.			
I acknowledge that I have received and read the latest version of the City of Mandan specifications and details and understand that all work within the public right-of-way must comply.			
Print Applicant Name	Signature	Date	
Initial Inspection (Please Include Date and Comments)			
Final Inspection (Please Include Date and Comments)			
Approval (Please Include Date and Comments)			

Tree ID (Internal): _____