



THE CITY OF ASPEN

Parks Office: 970.920.5120

Fax: 970.920.5128

FOR PARKS USE ONLY			
Received _____	Permit No. 2010- _____		
Responded: _____ (If applicable)	Building Permit No. _____		
Fees Paid: _____	Check/Cash : _____	Int _____	

TREE REMOVAL PERMIT APPLICATION

Please provide the information below, together with your check payable to the *City of Aspen* in the amount of \$75.00. (Applications will not be processed until the application fee is paid.)

1) Outline/Sketch/Drawing of property to include: *(Please attach TWO copies)*

- a) Property address.
- b) Property boundaries.
- c) Locations of buildings on the property.
- d) Location, diameter, and species of trees on property and designate with arrows or circles which trees are to be removed.

2) Site address _____

3) List trees to be removed, species and diameter at 4.5' above grade.

4) Reason for Removal:

5) Mitigation Plan [relocation of trees or replacement as referenced in Aspen Municipal Code Sec. 13.20(e)].

Please ADD to the Property Drawing. *(TWO copies needed)*.

- a) Location of replacement/relocation trees.
- b) Size and species of trees to be replaced.
- c) Professional cost estimate of planting (nursery stock, delivery, and installation).

6) Completion Date of Project _____

7) Person responsible for project (applicant):

Property Owner (Please print)

Name of Architect or Construction Representative (Please print)

Address

Company name

Phone: _____ Fax: _____

Phone: _____ Fax: _____

Owner's Signature Date

Signature of Representative Date

MUST BE POSTED ON PROPERTY DURING REMOVAL