

**APPLICATION FOR PERMIT
FOR THE PLANTING, CARE AND REMOVAL OF TREES IN THE
BOROUGH OF KANE**

1. Name: _____
2. Address: _____

3. Telephone: _____
4. Location/Description of property affected: _____

5. Description of trees affected – location with respect to streets, property lines, sidewalks, structures: _____

6. Name(s) of person(s) doing work: _____

7. Time frame for work (give dates): _____
8. Plan for traffic control: _____

9. Do you receive a fee for this activity? Yes No

10. If the answer to #9 is Yes, you must attach proof of liability insurance in minimum amounts of \$500,000 per occurrence and \$1,000,000 aggregate for bodily injury, death and property damage.

11. If the answer to #9 is Yes, and you employ one or more persons in the performance of the above-described activities, you must also attach proof of adequate workers' compensation.

12. If you represent a utility company doing multiple tree trimming, describe area of work project (attach copies of maps, if available): _____

I understand that I am required to adhere to proper tree maintenance, safety and planting standards as described in copies of American National Standards Institute publications, which are available to me for reference at the Borough Office. I further understand that any substandard work performed may subject me to certain fines and penalties. I certify that I have notified all utilities affected by this activity.

Signature of Applicant

Date of Application

NOTE: CONTRACTORS MAY BE REQUIRED TO FURNISH A PERFORMANCE BOND IN THE AMOUNT OF THE APPRAISED VALUE PLUS THE REPLACEMENT VALUE OF PLANTINGS UPON WHICH WORK IS PERFORMED.

The above activity as described is in accordance with the Street Tree Management Plan.

APPROVED BY:

For Kane Borough Shade Tree Commission

Date