

**VILLAGE OF BULL VALLEY**

1904 Cherry Valley Road  
Bull Valley, Illinois 60098  
815-459-4833

For office use only:
Project # _____
Date Received: _____

**TREE REMOVAL PERMIT APPLICATION**

PROPERTY ADDRESS \_\_\_\_\_

OWNER OF PROPERTY \_\_\_\_\_  
(First Name Last Name)

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Mobile \_\_\_\_\_ Telephone \_\_\_\_\_ E-Mail \_\_\_\_\_

**CONTRACTOR OR PERSON REMOVING THE TREE OR TREES:**

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

**REASON FOR REQUEST:**

\_\_\_\_\_

\_\_\_\_\_

Marked-up site plan, including replacement plan, aerial map or survey must accompany and be attached to this application.

Tree Species	Location on Map	Trunk Diameter	Replacement Species	Quantity and size

COPY OF SITE PLAN AND REPLACEMENT PLAN ATTACHED YES NO

DEPARTMENTAL APPROVAL: \_\_\_\_\_ DATE: \_\_\_\_\_