

Application for Tree Work Permit

For Trees on Public Property

City of Atlanta, Office of Parks
233 Peachtree Street, Ne
Suite 1600

Atlanta, GA 30303

Phone 404-546-6813 Fax 404-546-8615 or 404-546-9438

I, the undersigned, hereby make application to perform the work specified below, and if same is granted, agree to conform to the current Atlanta Tree Ordinance and Arboricultural Specifications and Standards of Practice.

Location/ address of tree ATLANTA MEMORIAL PARK

Number of trees	<u>50</u>	Species	<u>PINE, OAK, MAPLE</u>	Diameter (4.5 ft. above ground level)	<u>3-50"</u>
Number of trees	_____	Species	_____	Diameter (4.5 ft. above ground level)	_____
Number of trees	_____	Species	_____	Diameter (4.5 ft. above ground level)	_____

(Attach additional sheets as needed)

Description of work to be performed STRUCTURE EXISTING TO REMOVE DEAD, DAMAGED, OR UNHEALTHY BRANCHES & PROMOTE NEW GROWTH. ESTIMATE LOWER CANOPY FOR VISIBILITY, SECURITY, & AESTHETIC

Applicant ATLANTA MEMORIAL PARK COMMISSION

Address of Applicant PO BOX 11609 AVE. GA 30338

Telephone No. 678-971-0612 Fax No. _____

Name of Tree Service ARBORVIX

Address 4995 NEW PEARLINE RD

Business License No. _____ City/ County of Origin DEKALB

ISA Certification No. SO-2398

Telephone No. _____ Fax No. _____

I am applying for a Tree Work Permit from the City of Atlanta and I do attest by my signature that all of the above statements are true to the best of my knowledge.

Signature of Applicant [Signature] PROVIDED TREE CONSULTANT

Date 2-16-18 ISA SO-5374
RCA #4413

Section Below for Official Use Only

Approved () Denied ()

Paul Zimbardo 2/17/18
City Arborist Date

If denied, reason for denial _____