

TREE PERMIT APPLICATION (for tree removal and replacement)

Permit #:

Site Address:	Parcel # _____ - _____ - _____ - _____
Work site is: <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Vacant Lot <input type="checkbox"/> New Development Site	Parcel Size: _____ SF / acres (circle one)

PROPERTY

Property Owner:		Phone:	
Contact Name:		E-mail:	
Address:		Suite #:	
City:	State:	Zip:	

- Check if **homeowner** is performing the work AND resides in this dwelling.
- Check if **contractor** is performing the work AND copies of a valid business license, certificate of insurance, & proof of identity are attached.
- Check that the **notarized property owner affidavit** form is attached.

GENERAL CONTRACTOR

Company Name:		Phone:	
Contact Name:		E-Mail:	
Address:		Suite #:	
City:	State:	Zip:	

WORK INFORMATION

Work is: Tree removal – sound tree(s) Tree removal – dead, diseased, or damaged tree(s) , and Tree replacement

Total number of trees **currently** on the property: _____ Total number of trees **to be removed** from the property: _____

Drawings and Tree Removal Table:

- Drawing: Attach a sketch of the property (property survey preferred) showing the building footprints/driveways, and identify the **location of each tree** requesting to be removed.
- Tree Removal Request Table: Complete the attached table to identify the **species, DBH** (diameter at 4.5 feet above ground), and **condition** of each tree (describing why the owner wishes to remove the tree).
- New development (construction) sites: submit existing tree survey identifying all trees and DBH, and also a separate tree replacement plan.

ARE ANY OTHER PERMITS BEING REQUESTED: Driveway alterations Home Additions Accessory structures (e.g. sheds) Fence

The City of Doraville Arborist will visit the site to review the proposed tree service before the permit is issued. Upon approval of the application and payment of the permit fee, the Permit will be issued. The applicant is responsible for complete removal of all tree debris. A follow-up inspection may occur to verify tree removal.

The undersigned, upon oath, states that the above information is true and correct and understands that the Permit issued is only for tree service as stated. The Permit is granted on the express condition that the said tree service shall, in all respects, conform to the ordinances and laws of the City of Doraville, Georgia and may be revoked at any time upon violation of any provisions of said ordinances. Work will begin no more than six (6) months from the issue date of the Permit. Copies of a valid business license, certificate of insurance (for tree contractors), proof of identity, and Homeowner's Affidavit (if homeowner is not performing the work) must be submitted with the application form. If any information is found to be false or misrepresented, the permit will be deemed invalid. I agree to indemnify and hold harmless the City of Doraville from all damages, demands, or expenses of every character which may in any manner be caused by the work herein permitted. **I HEREBY AUTHORIZE CITY STAFF TO INSPECT PREMISES OF ABOVE DESCRIBED PROPERTY.**

Applicant Printed Name: _____ **Applicant Signature:** _____

Property Owner Printed Name: _____ **Property Owner Signature:** _____

For City of Doraville USE ONLY

CITY OF DORAVILLE ARBORIST APPROVAL	
<input type="checkbox"/> Approved <input type="checkbox"/> Conditions: _____	
<input type="checkbox"/> Denied: _____	
Arborist Signature: _____	Date: _____



Property Owner Declaration Affidavit

The undersigned hereby applies for consideration as a property owner desiring to perform construction on his/her own real property pursuant to O.C.G.A. § 43-41-17(h) as follows:

Applicant's Legal Name: _____

Property Address: _____

Permit Application Date: _____ Permit Type: _____

Project: _____

In making this request for a "property owner" permit, the undersigned states the following to be true:

1. Applicant does or intends to reside in or occupy the property, which will not be offered for sale or lease and will not be used by the general public.
2. Property described in the permit application is currently owned by applicant.
3. Applicant will perform the work or act as the general contractor, personally providing management and direct supervision of the work, and accepts inherent responsibilities for the work authorized by the approved permit.
4. Applicant agrees to hire **Georgia-licensed contractors** for work that is further sub-contracted. All plumbing, electrical, HVAC, and low-voltage work will require separate permits. The applicant may not delegate the responsibility to directly supervise and manage all or any part of the work relating thereto to any other person unless that person is licensed by the State of Georgia and the work being performed is within the scope of that person's license.
5. Applicant agrees to perform all work in accordance with all applicable codes and strictly adhere to the inspection requirements. The undersigned acknowledges that all required inspections must be performed in an established sequence prior to coverage of the work and that any work done in violation of the codes must be corrected or may be ordered to be removed.
6. Applicant acknowledges that he/she is aware that a permit issued under the provisions of applicable statutes, ordinances, and codes may be revoked for false statements or misrepresentation as to the material fact in the application on which the permit was based.
7. Applicant further acknowledges that he/she is aware that any knowingly false statements made in the permit application will subject said applicant to possible prosecution. Georgia Criminal Code, Section 16-10-71 (False Swearing).

Signature: _____

Date: _____

SUBSCRIBED AND SWORN

BEFORE ME ON THIS THE _____ DAY OF _____, 20 _____

Notary Public

My commission expires: _____



NOTARIZED AUTHORIZATION OF PROPERTY LANDOWNER

Tree Permit

TYPE OF APPLICATION: _____

I, _____ SWEAR THAT I AM THE **PROPERTY**

Printed owner(s) name

LANDOWNER OF: _____

AND PARCEL ID NO. _____

AS SHOWN IN THE RECORDS OF DEKALB COUNTY, GEORGIA WHICH IS THE SUBJECT MATTER OF THE ATTACHED APPLICATION. I AUTHORIZE THE PERSON NAMED BELOW TO ACT AS THE APPLICANT IN THE PURSUIT OF THIS APPLICATION. I ALSO HEREBY AUTHORIZE CITY STAFF TO INSPECT PREMISES OF ABOVE DESCRIBED PROPERTY.

NAME OF APPLICANT (PRINT CLEARLY):

ADDRESS: _____

TELEPHONE: _____ EMAIL: _____

Signature of Property Landowner

Print Name of Property Landowner

Personally Appeared
Before Me

Who Swears That The
Information Contained
In this Authorization
Is True and Correct
To The Best of His or Her
Knowledge and Belief.

Signature of Notary Public

Date