



Private Property Tree Request

___ Tree Removal Permit No. _____

___ Tree Trimming Date Requested _____

___ Tree Re-location Date to be inspected by _____

Property Address _____

Location of Tree _____

Description of Tree: Species _____ Size _____

Other Information _____

Owner/Agent Address _____

Owner/Agent Signature _____

Contact Phone Number _____ E-mail Address _____

Official use only

\$30.00 received: Cash Check Non-profit

Permit: Approved Denied Pending

Findings:

Urban Forestry _____

Planning: _____ Date: _____

Permit required for each tree.
Inspection within ten working days.

Permit valid for 6 months.

Urban Development Department
Planning Division
PO BOX 1827
Mobile, AL 36633
251-208-5895 fax 251-208-5896
planning@cityofmobile.org