



CITY OF LAKE STATION

1969 Central Avenue Lake Station, IN 46405 (219) 850-1331

TREE REMOVAL PERMIT APPLICATION

PERMIT NUMBER. _____

DATE: ____ / ____ / ____ :

- * ALL TRUCKS MUST BE LETTERED WITH BUSINESS NAME ON THEM, OR JOBS WILL BE STOPPED, MAKE SURE PERMITS ARE POSTED ON CUSTOMERS FRONT WINDOW.
- * ALL TREE CONTRACTOR'S MUST BE LICENSED IN THE CITY OF LAKE STATION.
- * MAKE SURE ALL DEBRIS, LIMBS, & TREES ARE CLEANED UP BY THE CONTRACTOR AFTER THE WORK IS DONE.

CONTRACTORS BUSINESS NAME:

_____	_____
Name	Phone

Address	

IF SUBBING, SUB MUST BE LICENSED: _____

_____ ADDRESS

To be located at: _____
Street Address

Property Owner: _____
Name Phone

Tree Removal Fee: \$10.00

Building Inspectors
Signature: _____

Applicant Signature: _____