Village of Riverwoods
Tree Removal/Replacement Permit Application

Address of Site:	For Village Building Department Use Only	Permit Number:	Fee:	Issue Date:
Owner's Name:	Owner's Address:		Owner's Telephone:	
Contractor's Name, if Selected:	Contractor's Address:		Contractor's Telephone:	

Tree Information

Filled Out by Applicant				Filled Out By The Village Forester							
Proposed Tree Removal				Required Replacement			Conditional	Inspection (Define Condition)			
Tree No.	Species (common name)	DBH	Reason For Removal	# Trees	DBH	Species	Approval	3 mo.	6 mo.	9 mo.	12 mo.

Comments:	Comments:	Comments:

Applicant Signature:	Date:	Acceptance Signature:	Date:	Final Approval (Village Forester):	Date:
Applicant Printed Name:		Acceptance Printed Name:		Final Approval Printed Name:	