

OFFICIAL USE ONLY
APPROVED: _____
APPLICATION #: _____

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## TREE MANAGEMENT APPLICATION

### PROPERTY INFORMATION

*Note: Properties located in the Critical Area are required to replace trees or provide a fee-in-lieu equivalent.*

Property Address: \_\_\_\_\_ Critical Area Classification \_\_\_\_\_

Owner of Property: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number \_\_\_\_\_ Email \_\_\_\_\_

Other Contact: \_\_\_\_\_

### CONTRACTOR INFORMATION

*Note: All work performed by contractor in the Critical Area is required to have an MHIC Number*

Company Name: \_\_\_\_\_ MHIC # \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number \_\_\_\_\_ Email \_\_\_\_\_

Contact: \_\_\_\_\_

### PROPOSED WORK

*Please mark the one (1) of the following. Trees to be removed are required to be flagged or marked unless visibly apparent:*

- \_\_\_ The tree is dead, dying, or diseased such that 50% of the crown is visibly dead.
- \_\_\_ The tree is damaged or injured to the extent that it is likely to die or become diseased.
- \_\_\_ The removal of the tree will enhance the health of the remaining trees and is consistent with good forestry practices.
- \_\_\_ The removal of the tree is to alleviate or mitigate a hazard to the property, persons, or any structure located on the property.

Number of trees removed \_\_\_\_\_ Tree Species \_\_\_\_\_

Diameter of tree(s), measured at 4.5 feet above ground level \_\_\_\_\_

### MITIGATION

*Where proposed tree is located in the Critical Area, a 1 to 1 ratio is required*

Number of replacement trees (minimum Native species, 2-inch caliper) \_\_\_\_\_

Location(s) \_\_\_\_\_

### Authorization

*I certify these statements to be true and accurate and that any trees to be removed are located on my property. I hereby grant the Town of Denton officials permission to enter my property for inspections of this Tree Management Application.*

Owner / Owner Authorized Representative Signature \_\_\_\_\_ Date \_\_\_\_\_