



## CITY OF NEWPORT

### TREE REMOVAL APPLICATION

Case Number: \_\_\_\_\_

Date Received: \_\_\_\_\_

Hearing Date: \_\_\_\_\_

**\* Indicates Required Field**

#### Applicant Information

\* Applicant Name: \_\_\_\_\_

\* Applicant Address: \_\_\_\_\_

\* Applicant City, State, Zip: \_\_\_\_\_

\* Applicant Phone Number: \_\_\_\_\_

\* Applicant Email: \_\_\_\_\_

\* Are you an LLC, incorporated company, or trust: \_\_\_\_\_

**\* If yes, you must be represented at the hearing by an attorney that is licensed in the state of Kentucky.**

#### Property Information

\* Owner of Property  
(if different from applicant): \_\_\_\_\_

\* Property Address: \_\_\_\_\_

\* Property City, State, ZIP: \_\_\_\_\_

\* Type of Property: Residential ☐ Commercial ☐

#### Tree Information

\* Tree location: Public ROW ☐ Private Property ☐

\* Tree Location on Property: \_\_\_\_\_

\* Tree Species (if known): \_\_\_\_\_ \* Tree Size & Height: \_\_\_\_\_

\* Reason for Removal: \_\_\_\_\_

Arborist Recommendations: \_\_\_\_\_

#### Removal and Replacement Plan:

\* Have you contacted the City Arborist regarding the replanting process: Yes ☐ No ☐

**Attach any supporting documents** (tree assessment, development/landscaping plan, etc.)

\* Signature \_\_\_\_\_