



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 _____