

# TREE and STUMP Removal

# Permit Application

Marengo Building Department  
835 West Grant Highway  
Marengo, IL 60152

Phone: 815-568-2669  
Office hours Monday – Friday: 7:30 am - 3:30 pm  
24 hour fax: 815-568-0569

Permit No. \_\_\_\_\_

Julie Dig No. \_\_\_\_\_

1. Name of applicant \_\_\_\_\_  
(If applicant is other than owner please obtain owner s written permission)  
Daytime phone number \_\_\_\_\_

2. Common address of property where tree(s) and/or stumps(s) are to be removed:  
\_\_\_\_\_

3. Date tree is to be removed: \_\_\_\_\_

4. This application is for the removal of: \_\_\_\_\_ Number of trees: \_\_\_\_\_  
List type of trees \_\_\_\_\_  
Are stumps from above included in removal  yes  no  
Number of stumps to be removed \_\_\_\_\_.

5. Name and address of contractor if other than property owner:  
  
\_\_\_\_\_ name \_\_\_\_\_ Daytime phone \_\_\_\_\_  
  
\_\_\_\_\_ address \_\_\_\_\_

6. Who shall be the responsible party for the disposal of the tree trunk, branches, and / or stumps from the above property?  
  
 Contractor shall dispose.  Owner shall dispose.  
  
If owner is to dispose of tree trunk(s), branches, and /or stumps from property how are the items to be disposed of?  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

Approved: \_\_\_\_\_  
City of Marengo