CITY OF MARENGO
TREE & STUMP REMOVAL PERMIT APPLICATION

Marengo Building Dept., 835 W. Grant Hwy., Marengo, IL 60152
Phone 815-568-2669 Fax 815-568-0569 Office Hours: Monday - Friday 7:00 a.m. - 3:00 p.m.

Address of project _____

Property owner's Name _____

Property Owner's Address _____

Property Owner's Phone _____

Contractor's Name _____

Contractor's Address _____ Phone _____

Cost of Project _____

Location on lot where the trees/stumps are located _____

Number of trees to be removed _____

Number of stumps to be removed _____

Reason for requesting removal of trees/stumps _____

Disposal will be the responsibility of the: contractor _____ or owner _____

Will special equipment be required, specify _____

Please call J.U.L.I.E. before removing stumps 800-892-0123
Please provide a certificate of liability insurance

Applicant's Signature _____ Daytime Phone _____

Applicant's name printed _____ Date _____

To be filled out by City of Marengo Staff

Are replacement trees required: No_____ Yes_____ if yes, how many _____ size _____

Approved by: _____ Date: _____

NOT approved by: _____

IF NOT approved, reason _____