



City of Bloomington  
Parks & Recreation  
401 N. Morton St., Ste. 250  
Bloomington, Indiana 47404

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CC - parks@bloomington.in.gov

## APPLICATION FOR TREE WORK PERMIT

Application must be submitted seven (7) days prior to date work is set to begin.

Applicant shall follow the standards for Tree Work as set forth in the City of Bloomington Municipal Code—Chapter 12.24 Trees and Flora and in the City of Bloomington Tree Care Manual.

Tree topping of street trees is prohibited per City of Bloomington Municipal Code 12.24.090.

### SITE INFORMATION

Address of Tree(s): \_\_\_\_\_

Location on Property:  Front  Side  Back

**If Exact Address Unknown, please fill in below:**

N, S, E or W side of \_\_\_\_\_ (Street) \_\_\_\_\_ feet

N, S, E or W from intersection of \_\_\_\_\_

Part of a Development Project:  Yes  No **Project Name:** \_\_\_\_\_

Name of Planning and Transportation Dept. Staff Assigned to Project: \_\_\_\_\_

### TREE WORK TYPE

**Select All Applicable:**

A.  **Street Tree Planting**  
Number of Trees: \_\_\_\_\_

Tree Species: \_\_\_\_\_

Planter Name: \_\_\_\_\_

B.  **Street Tree Removal (stump included)**  
Number of Trees: \_\_\_\_\_

Tree Species: \_\_\_\_\_

Removal Company: \_\_\_\_\_

C.  **Street Tree Pruning**  
Number of Trees: \_\_\_\_\_

Tree Species: \_\_\_\_\_

D.  **Application of Chemicals**  
Number of Trees: \_\_\_\_\_

Tree Species: \_\_\_\_\_

#### Certified Arborist Information

Name: \_\_\_\_\_

Certification #: \_\_\_\_\_

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

Description of Pruning Objective and Methods: \_\_\_\_\_

#### Licensed Applicator Information

Name \_\_\_\_\_

License #: \_\_\_\_\_

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

List of Chemicals and Objective Description: \_\_\_\_\_

# APPLICATION FOR TREE WORK PERMIT (Cont.)

## APPLICANT INFORMATION

Name: \_\_\_\_\_

Relationship to Adjacent Property Owner:

Property Owner     Contractor/Arborist     Property Manager     Other \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### ***If Applicant is not the Adjacent Property Owner***

Adjacent Property Owner Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## WORK TIMELINE\*

Work to Begin: \_\_\_\_\_ Work To End: \_\_\_\_\_

*\*Permit valid only during this period unless extended by Department.*

The applicant named above shall fully complete and sign this form. Unless otherwise approved by the Bloomington Parks and Recreation Department, this application must be submitted at least 7 days prior to date work is to begin. The permit is not valid until signed by the Department. Please keep a copy of the signed permit for your records. The applicant or his agent is solely responsible for providing notice as required by state law to all underground utilities before commencing an excavation.

By signing below I affirm that the information provided above is true. I agree to abide by any and all conditions imposed below. I agree to indemnify and hold harmless the City, the Board, and the officers, agents and employees of the City and the Board from any and all claims, demands, damages, costs, expenses or other liability arising out of the reckless or negligent act or omission or any willful misconduct on the part of the applicant or any contractors retained by the applicant for work under this permit. If I disagree with the denial of this permit or any conditions imposed, I may appeal in writing within 10 days to the Board of Park Commissioners.

Signature: \_\_\_\_\_ Signed Date: \_\_\_\_\_

## ***Do Not Write Below—Staff Use Only***

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

Findings (if different than in information):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Conditions for approval/Reasons for Rejection:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Approved  Denied

Signature: \_\_\_\_\_ Signed Date: \_\_\_\_\_

Bloomington Parks and Recreation Department