



CITY OF BLOOMINGTON  
parks and recreation

*Urban Forestry*

## Application for Permit to Treat Trees on Public Land for Emerald Ash Borer

Bloomington Parks & Recreation Department

401 N. Morton St. Ste. 250 • Bloomington, IN 47404

Urban Forester Lee Huss • (812) 349-3716 • [hussl@bloomington.in.gov](mailto:hussl@bloomington.in.gov)

The emerald ash borer (EAB) is an invasive beetle from Asia that attacks and kills North American ash trees. The EAB attacks only ash trees and will kill any ash tree not protected with insecticide. The City of Bloomington is responding to the presence of EAB by strategically removing ash trees, and by treating some select ash trees with chemical insecticide.

Residents may opt to pay for the chemical treatment of ash trees in the public right-of-way with an approved EAB insecticide to prevent EAB infestation and the removal of the tree. Applicants should understand chemical treatment of an ash tree for EAB is a financial commitment for the lifetime of the tree, with treatments required every two to three years. Residents who wish to initiate the chemical treatment of ash trees in the public right-of-way must submit this form to the Bloomington Parks and Recreation Department at least 7 days prior to the date the chemical treatment is to take place. Only ash trees that are in good health will be considered.

*For more information about insecticides approved for use against EAB, or for help positively identifying ash trees, visit [www.eabindiana.info](http://www.eabindiana.info).*

Healthy ash trees along city streets that are being consistently treated by an approved tree care service for EAB remain the property of the City of Bloomington, but will not be removed by the City unless a condition or circumstance arises that necessitates the tree's removal. These conditions include, but are not limited to: structural damage to the tree (e.g. lightning strike, vehicle collision) that creates a safety hazard; interference with traffic line of sight, or infrastructure like fire hydrants and utility lines; or infestation by EAB despite efforts to chemically treat the tree. The final decision regarding the treatment or removal of any street tree lies with the city's urban forester.

Location of ash tree/s affected - If address is unknown, fill in (A) and (B)

1. Address: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

(A) N, S, E, or W side of \_\_\_\_\_ (B) \_\_\_\_\_ feet N,S, E, or W from intersection of \_\_\_\_\_

2. Subdivision \_\_\_\_\_ Lot Number: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_ Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Who is doing the EAB treatment?

Name and phone number: \_\_\_\_\_

Number of ash tree/s affected: \_\_\_\_\_ Size (diameter in inches) of each affected tree: \_\_\_\_\_

Date treatment to occur: Between \_\_\_\_\_ and \_\_\_\_\_ (Permit valid only during this period unless extended by the Department.)

The applicant named above shall fully complete and sign this form. Unless otherwise approved by the Parks and Recreation Department, this application must be submitted at least seven days prior to the date treatment is to take place. The permit is not valid until signed by the Department. Please keep a copy of the signed permit for your records.

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 ten days to the Board of Park Commissioners.

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

### Do Not Write Below

Date Received: \_\_\_\_\_ Findings if different than information provided: \_\_\_\_\_

Conditions for approval or reasons for rejection:

☐ Approved

☐ Rejected

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