



CITY OF MOBILE
MOBILE TREE COMMISSION

Application No. _____
Date: _____

1. Applicant:

Name: _____

Address: _____

_____ Zip Code: _____

E-mail: _____

Telephone Number: _____

2. Owner (if different from applicant):

Name: _____

Address: _____

_____ Zip Code: _____

E-mail: _____

Telephone Number: _____

3. Location of Tree: _____ City Council District: _____

4. Type of Tree: _____ Trim: _____ Remove: _____

5. Approximate Diameter four (4) feet from the ground: _____ Height: _____

6. Reason for Removal or Trimming as Requested: _____

Applicant

Owner – if different from applicant

***Application Fee - None**

***Applicant or Agent must be present at meeting to represent request.**

***All supporting information (photos, location plan, names and addresses of the applicant, property owner, adjacent property owners and directly across the street - on mailing labels, along with postage fee and \$1.00 notification fee for each) must be submitted with the application (Two Copies) by filing date.**

If approved, work shall be performed by a licensed & bonded Arborist. Bond must be on file with the Planning Department. Permit to be obtained from Planning Department after appeal period expires with no appeal.

Appeals must be made in writing to the Mobile City Council within 15 days of the decision.

***Major projects involving multiple trees may be held over until the next month's agenda due to the time required to investigate**