



City of Park Ridge

505 Butler Place
Park Ridge, Illinois 60068
847-318-5228
www.parkridge.us

OFFICE USE ONLY

Permit Number _____

Date Issued _____

Department of Public Works - Forestry Division Right-of-Way Permit Application

Address of Project: _____

Property Owner: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Applicant Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Contractor Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Certified Arborist #: _____

Note: No parkway tree pruning or plant health care (PHC) treatments may be performed unless approved by the City Forester. Work must be conducted under the direction of an ISA Certified Arborist and follow any licensing requirements administered by the Illinois Department of Agriculture. Contractor must be licensed through the City of Park Ridge Department of Community Preservation and Development.

Permit Type: (See page 2 for further details)

Parkway Tree Planting

Parkway Tree Plant Health Care (PHC)

Parkway Tree Pruning

Other

(For Office Use Only)

Reviewed by: _____

Date: _____

Approved

Denied

Comments:

Project Type: (Please fill out pertinent detailed information below)

Parkway Tree Planting:

Quantity to be Planted: _____

Caliper Size(s): _____

Species: _____

Other Info.:

Requirements:

1. Forester will mark site to determine planting location. Trees must be spaced 30' apart and at least 10' from driveway apron.
2. Tree species must be from from the City's Approved Species List.

Parkway Tree Pruning:

Quantity to be Pruned: _____

Species: _____

Reason for Pruning:

Requirements:

1. American Elm and Oak trees may only be pruned between the months of November and March.
2. Trees must be pruned in accordance to ANSI A300, Part 1 Pruning Standards.

Parkway Tree Plant Health Care (PHC):

Species to be Treated: _____

Type of Treatment: _____

Number of Trees to be Treated: _____

Number of Treatments: _____

Other:

(Please Specify)

Call J.U.L.I.E at (800) 892-0123 to locate all utilities prior to any parkway excavation.

The Applicant hereby certifies to the correctness of this form and all documents submitted. The applicant understands it is their responsibility to construct and/or perform work with all municipal, county, state and federal regulations. The applicant hereby accepts full responsibility of the proposed work.

Date: _____

Applicant Signature: _____