

CITY OF MEDINA, TENNESSEE
TREE TRIMMING/CUTTING PERMIT APPLICATION

A. GENERAL INFORMATION

Date	
Name of Company	
Address	
Business Telephone	
Name of Applicant	

**APPLICATION MUST BE ACCOMPANIED BY COPY OF LIABILITY INSURANCE BINDER
IN THE AMOUNT OF \$500,000.**

B. ADDRESS/ LOCATION OF PROPOSED TREE TRIMMING OR CUTTING

Property owners' name	
Address or location of property	
Property owner's telephone number	

C. CONDITIONS OF PERMIT ISSUANCE

The applicant agrees to the following terms and conditions:

- A tree surgeon shall include any person, firm, corporation, or partnership, whether as owner, agent, or partner, who is professionally engaged in the business of trimming, cutting, or removing trees in the City of Medina.
- A permit must be secured for each individual location where tree trimming, cutting or removal is proposed. Said permit shall expire within ten (10) days of issuance by the City.
- The tree surgeon shall be wholly and solely responsible for the complete removal of all debris resulting from their activities.

As applicant, I agree to all conditions hereby included in this permit application.

Signature: _____ Date: _____