

Application for Work-Zone Permit for doing work within the Drip Zone of public tree(s) within the City of Circleville, as required in Section III of the Comprehensive Tree Plan.

1. Business Name and Contact Person: _____

2. Business Phone: _____ Cell _____

3. Address: _____ City _____ State _____

4. Address where work is to be performed _____

5. Work to be performed and number of trees affected _____

6. Applicants qualifications and experience working within tree drip zones: _____

7. List three (3) references where work was performed within the drip zone of trees: Name, address, and phone number:

1) _____

2) _____

3) _____

8. Applicant agrees to comply with all the provisions set forth in the Comprehensive Tree Plan for the City of Circleville, and any amendments thereto as hereinafter made and has received a copy of same.

9. Applicant agrees to save the City harmless against all losses and claims for damages to persons or property caused by the trimming, pruning, removal or planting of trees.

10 Applicant shall provide evidence of commercial liability insurance and property damage in the combined single limit amount of \$1,000,000 and of Bureau of Workers' Compensation coverage.

11. TREE COMMISSION ENDORSEMENT: _____

_____ Tree Commission member: _____

12. Permit approved/ denied _____ this _____ day of _____

13. \$25 license fee attached _____

_____ Service Director