

MAP _____ LOT # _____
PERMIT # _____
DATE ISSUED _____ EXPIRES _____
FEE AMOUNT PD _____ DATE PD _____

TOWN OF HARTFORD
TREE CUTTING APPLICATION/PERMIT

OWNER'S NAME _____

ADDRESS OF PROPERTY _____
(street & # in Hartford)

DESCRIPTION: _____

ATTACH A COPY OF THE TAX MAP (available in Town Office) AND
SKETCH THE LOCATION OF EACH TREE TO BE CUT ON THE REVERSE SIDE.

THIS APPLICATION HAS BEEN: _____ Approved _____ Denied

IF DENIED, REASON FOR DENIAL:

IF APPROVED, THE FOLLOWING CONDITIONS ARE PRESCRIBED:

NOTE: CUTTING WITHIN SHORELAND ZONING, THE PROPOSED ACTIVITY SHALL COMPLY WITH THE PURPOSES AND REQUIREMENTS OF THE SHORELAND ZONING ORDINANCE FOR THE TOWN OF HARTFORD

Owner's Signature Date

Code Enforcement Officer Date