

BUILDING DEPARTMENT 432 W. NEBRASKA STREET FRANKFORT, IL 60423 (815)469-2177 FAX (815)469-7999 www.frankfortil.org

## TREE REMOVAL PERMIT APPLICATION

Please complete the following form and attach the required documents.

Applicant Information		
Applicant Name:	Date:	
Site Address:	Frankfort, IL 60423 Subdivision:	
Phone:	Email:	
Signature of Applicant:		
Contractor Information		
Contractor Business Name:		
Phone:	Email Address:	
Business Address:		
*Contractor must be registered with the	Village of Frankfort	
Description Of Work To Be Performed		
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*If you are proposing to remove a park prior to any work being performed.	way tree, please contact the Public Works Department at (815)469-2177 for	approva
	to be part of our preservation requirements, pursuant to Village of Frankfole, may require additional reviews and/or preservation techniques.	rt
https://files4.1.revize.com/frankfortil/d	codes%20and%20ordinances/landscapeord-2341.pdf	
Tree Removal Permit Submittal Requi	rements	
Permit Application		
A legible copy of your plat of survey or	site plan that clearly denotes the trees to be removed	
Photograph of trees proposed to be rea	noved	
Arborist report which includes species,	diameter, and condition of trees being removed	
Homeowners Association approval (if a	applicable for your subdivision)	
Village Use		
Annroved Denied BV:	Date:	