

Received (date): _____

By: _____

CITY OF HARBOR SPRINGS Vegetation Management Request Form

Under the Policy; “Vegetation Management on City Property” this form is a requirement to request consideration and approval prior to any vegetation management work to be performed on public (City) property. Please complete, sign and submit this form to the Harbor Springs City Hall

- In person or by mail at 160 Zoll Street, Harbor Springs, MI 49740
- By fax: 231-526-6865
- By e-mail to: citymanager@cityofharborsprings.com

All information must be provided and all confirmations initialed to receive a consultation which may permit authorization for vegetation management.

Applicants Name _____

Property Address _____

Daytime Phone _____ FAX _____

Contact e-mail _____

Days and times when you would be available to meet with tree and soil consultants: _____

Description of City property where vegetation management is desired:

Description of improvements desired through vegetation management:

I agree to pay all costs for inspections or supervision of the vegetation management work as outlined in the Policy. _____(initial)

I agree to pay all costs for replacement or restoration of vegetation that is damaged or removed that exceeds the work permitted in the approved report and plan. _____(initial)

I agree to post the required surety bond, financial guarantee or to grant a lien on my property to ensure the City's recovery of all Property Owner costs for supervision, investigation or restoration of unapproved damage or injury to vegetation. _____(initial)

Signature of Applicant / Property Owner

Date: