



Application No. _____

Permit No. _____

APPLICATION FOR TREE LAWN PERMIT

VILLAGE OF WELLINGTON PLANNING AND ZONING DEPARTMENT

115 WILLARD MEMORIAL SQUARE

WELLINGTON, OHIO 44090

OFFICE HOURS: 8:00 A.M. TO 4:30 P.M.

PHONE #: (440)647-4626 ext. #5 Fax#: (440)647-2220

Zoning Administrator: Marla Lent

Zoning Inspector: Gerald Fishbaugh

Name of Applicant: _____

Address: _____

Daytime Phone #: _____ Email: _____

Property Address or Location of Proposed Work _____

Propose Work Description: _____

Please fill in blanks applicable to the proposed work

- Proposed work date/time: _____
- Method of Planting: _____
- Location: _____
- Plant Type: _____
- Structure or object to be placed in tree lawn? yes or no If yes, please fully describe the structure or object: _____

- Pruning yes or no: _____ If yes, how many trees: _____
- Spray or Fertilizer Application? yes or no? If yes, please provide a description of spray or fertilizer to be applied in tree lawn:



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A Tree Lawn Permit Application must be completed and returned to the Planning and Zoning Department c/o Village Manager and approved by the Village Manager before work shall commence. For further information, please refer to Chapter 913 Trees and Hedges of Codified Ordinance of Wellington, Ohio. Application shall include a fee as specified by the Village Ordinances.

The undersigned hereby applies for a Tree lawn Permit for the aforementioned use, to be issued on the basis of the representations contained herein, all of which applicant certifies are true and correct.

Applicant

Date

To be completed by the Zoning Administrator

Filed with the Village of Wellington Planning/Zoning Department on ____ day of _____, 20__.

Fee Paid: \$_____ Application Fee: \$5.00

Date Paid: _____

TREE LAWN PERMIT

Upon the basis of Application # _____, the statements of which are made a part hereof, the proposed usage is (Found/Not Found) to be in accordance with the Village of Wellington Code and is hereby (Approved/Rejected).

Permit # _____

Date Approved: _____

Village Manager

If Application is rejected, state reason for rejection: _____

Additional Comments: _____

