



# City of Carlisle Tree Permit Application

A permit must be obtained before work can proceed in the street right of way  
**Iowa One Call Required 800-292-8989**

Return completed application to:

Carlisle City Hall  
PO Box 430, 100 N 1<sup>st</sup> Street  
Carlisle, IA 50047  
515-989-3224

## Applicant Information

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Best Time to Reach: \_\_\_\_\_

Street Address: \_\_\_\_\_

## Choose Type of Work to Be Done:

### \_\_\_\_\_ Planting

I hereby apply for the permission to plant \_\_\_\_\_ tree(s)

#### Planting Information

Height of overhead line \_\_\_\_\_ ft.

Distance to intersection, driveway or alley \_\_\_\_\_ ft.

Species: \_\_\_\_\_

Distance between trees \_\_\_\_\_ ft.

Height at Maturity \_\_\_\_\_ ft.

Crown Width at Maturity \_\_\_\_\_ ft.

Iowa One Call Confirmation # \_\_\_\_\_

Please use a stake to mark desired location for planting

### \_\_\_\_\_ Removal

I hereby request the City to remove \_\_\_\_\_ tree(s)

**(Tree must be dead/diseased and in Right-of-way)**

**(Any requested reimbursement after tree has already been removed needs written certification from contractor that tree was dead or diseased.)**

#### Removal Information

Species: \_\_\_\_\_

Size: \_\_\_\_\_

Reason: \_\_\_\_\_

Iowa One Call Confirmation # \_\_\_\_\_

**Applicant's Acknowledgement** I have received a copy of the City of Carlisle Ordinance on Trees and agree to follow its provisions. I am aware that the permit will expire six months from the date of issue.

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

## OFFICE USE ONLY

Permit Number: \_\_\_\_\_

Date: \_\_\_\_\_

☐ APPROVED

I have inspected the property listed on this application and found the (placement or removal) of the street tree to be in compliance with the Tree Ordinance as established by the City of Carlisle.

☐ DENIED

I have inspected the property listed on the application and have found the (placement or removal) street tree is **not in compliance** with the Tree Ordinance as established by the City of Carlisle.

Comments:

\_\_\_\_\_  
City Administrator

Date: \_\_\_\_\_