



TREE REMOVAL PERMIT APPLICATION

TOWN OF GRAY MAINE

For Office Use Only

Permit No: _____

Date Submitted: _____

Date Paid/Initials: _____

Amount Paid: _____

Property Owner	Property Owner Address	Property Owner Phone Number
Applicant Name (if different)	Applicant Phone Number	Location/Address of Property
Number of Trees Being Cut	Tax Map & Lot Number Map _____ Lot _____ - _____ - _____	
Reason for Cutting Tree(s):		

At the property, please flag trees intended for cutting with orange surveyor's tape.

Please provide a sketch of the property where the trees are located.

Please include: property lines, structures, bodies of water, roads, and septic locations.

Owner Signature	Date
CEO Approval	Date