



Village of Village of Walton Hills
7595 Walton Road • Walton Hills Ohio, 44146

TREE REMOVAL PERMIT APPLICATION

Permit # _____ Fee: _____ Estimated cost: _____ Date: _____

Project Address: _____

Property Owner Name: _____

Property Owner Address (if different): _____ Phone No: _____

City: _____ State: _____ Zip: _____

PLEASE SUBMIT PLANS SHOWING THE TREES YOU PLAN ON HAVING CUT DOWN AND THE REASON.

There is no cost to cut down dead trees; up to 5 trees may be cut at a cost of \$25.00

Description of Work: _____

Contractor Information: Contractor Name: _____

Address: _____ Phone No: _____

City: _____ Zip: _____ Fax No: _____

AUTHORIZATION: The undersigned states that he/she is the owner of the property or authorized agent for the owner of the project address.

1. This permit is granted on condition that all work is done according to the ordinances of the Village of Walton Hills, and all Building Code Laws of the State of Ohio and/or of the Village of Walton Hills and any restrictions. On failure to do so, this permit may be revoked and/or fines and penalties may be imposed.
2. This permit holder or his agent shall notify the Building Division 24 hours in advance for inspection.

Applicant Signature: _____