



BENSENVILLE
GATEWAY TO OPPORTUNITY

Village of Bensenville

Parkway Tree Removal Permit

Date: _____

Address where work will be performed: _____

Property Owner: _____ Phone: _____

Species / Size To Be Planted	Location of Planting

Date work will begin: _____ Date work will end: _____

If work is to be done by a contractor

Name of Contractor: _____

Contractor Address: _____

Contractor Phone: _____

Contractor Email: _____

The signature of the applicant verifies that he/she has read and understands the provisions in the **Village of Bensenville Urban Forest Preservation and Protection Plan** and agrees to uphold those standards that apply to the work for which this permit is sought.

Property Owner Contractor

Approved Not Approved Inspection Date: _____

Comments: _____

Village Representative