



**TREE PERMIT APPLICATION** (for tree removal and replacement)

Permit #: \_\_\_\_\_

Site Address: \_\_\_\_\_ Parcel # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Work site is:  Residential  Commercial  Vacant Lot  New Development Site Parcel Size: \_\_\_\_\_ SF / acres (circle one)

**PROPERTY**

Property Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_ Suite #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

- Check if **homeowner** is performing the work AND resides in this dwelling AND notarized property owner affidavit form is attached.
- Check if **contractor** is performing the work AND copies of a valid business license, certificate of insurance, & proof of identity are attached.

**GENERAL CONTRACTOR**

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Name: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Address: \_\_\_\_\_ Suite #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**WORK INFORMATION**

Work is:  Tree removal – sound tree(s)  Tree removal – dead, diseased, or damaged tree(s) , and  Tree replacement

Total number of trees **currently** on the property: \_\_\_\_\_ Total number of trees **to be removed** from the property: \_\_\_\_\_

**Sketch a plan diagram** showing the **location** of each tree to be removed, and include the **species**, **DBH** (diameter at 4.5 feet above ground), and **condition** of each (describing why the owner wishes to remove the tree). You may attach your own sheet if desired. New development sites shall submit an existing tree survey identifying all trees with calipers, and also a separate tree replacement plan.

*The City of Doraville Arborist will visit the site to review the proposed tree service before the permit is issued. Upon approval of the application and payment of the permit fee, the Permit will be issued. The applicant is responsible for complete removal of all tree debris.*

The undersigned, upon oath, states that the above information is true and correct and understands that the Permit issued is only for tree service as stated. The Permit is granted on the express condition that the said tree service shall, in all respects, conform to the ordinances and laws of the City of Doraville, Georgia and may be revoked at any time upon violation of any provisions of said ordinances. Work will begin no more than six (6) months from the issue date of the Permit. Copies of a valid business license, certificate of insurance (for tree contractors), proof of identity, and Homeowner's Affidavit (if homeowner is not performing the work) must be submitted with the application form. If any information is found to be false or misrepresented, the permit will be deemed invalid. I agree to indemnify and hold harmless the City of Doraville from all damages, demands, or expenses of every character which may in any manner be caused by the work herein permitted. **I HEREBY AUTHORIZE CITY STAFF TO INSPECT PREMISES OF ABOVE DESCRIBED PROPERTY.**

Applicant Printed Name: \_\_\_\_\_ Applicant Signature: \_\_\_\_\_

Property Owner Printed Name: \_\_\_\_\_ Property Owner Signature: \_\_\_\_\_

**ARBORIST APPROVAL**

Approved  Conditions: \_\_\_\_\_

Denied: \_\_\_\_\_

Arborist Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Property Owner Declaration Affidavit

The undersigned hereby applies for consideration as a property owner desiring to perform construction on his/her own real property pursuant to O.C.G.A. § 43-41-17(h) as follows:

Applicant's Legal Name: \_\_\_\_\_

Property Address: \_\_\_\_\_

Permit Application Date: \_\_\_\_\_ Permit Type: \_\_\_\_\_

Project: \_\_\_\_\_

In making this request for a "property owner" permit, the undersigned states the following to be true:

1. Applicant does or intends to reside in or occupy the property, which will not be offered for sale or lease and will not be used by the general public.
2. Property described in the permit application is currently owned by applicant.
3. Applicant will perform the work or act as the general contractor, personally providing management and direct supervision of the work, and accepts inherent responsibilities for the work authorized by the approved permit.
4. Applicant agrees to hire **Georgia-licensed contractors** for work that is further sub-contracted. All plumbing, electrical, HVAC, and low-voltage work will require separate permits. The applicant may not delegate the responsibility to directly supervise and manage all or any part of the work relating thereto to any other person unless that person is licensed by the State of Georgia and the work being performed is within the scope of that person's license.
5. Applicant agrees to perform all work in accordance with all applicable codes and strictly adhere to the inspection requirements. The undersigned acknowledges that all required inspections must be performed in an established sequence prior to coverage of the work and that any work done in violation of the codes must be corrected or may be ordered to be removed.
6. Applicant acknowledges that he/she is aware that a permit issued under the provisions of applicable statutes, ordinances, and codes may be revoked for false statements or misrepresentation as to the material fact in the application on which the permit was based.
7. Applicant further acknowledges that he/she is aware that any knowingly false statements made in the permit application will subject said applicant to possible prosecution. Georgia Criminal Code, Section 16-10-71 (False Swearing).

Signature: \_\_\_\_\_

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

SUBSCRIBED AND SWORN

BEFORE ME ON THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
*Notary Public*

My commission expires: \_\_\_\_\_

**NOTARIZED AUTHORIZATION OF PROPERTY LANDOWNER**

**TYPE OF APPLICATION:** \_\_\_\_\_.

I, \_\_\_\_\_ SWEAR THAT I AM THE **PROPERTY**  
Printed owner(s) name

**LANDOWNER** OF: \_\_\_\_\_  
AND PARCEL ID NO. \_\_\_\_\_

AS SHOWN IN THE RECORDS OF DEKALB COUNTY, GEORGIA WHICH IS THE SUBJECT MATTER OF THE ATTACHED APPLICATION. I AUTHORIZE THE PERSON NAMED BELOW TO ACT AS THE APPLICANT IN THE PURSUIT OF THIS APPLICATION. I ALSO HEREBY AUTHORIZE CITY STAFF TO INSPECT PREMISES OF ABOVE DESCRIBED PROPERTY.

**NAME OF APPLICANT (PRINT CLEARLY):**  
\_\_\_\_\_  
\_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

TELEPHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

\_\_\_\_\_  
Signature of Property Landowner

\_\_\_\_\_  
Print Name of Property Landowner

Personally Appeared  
Before Me

\_\_\_\_\_  
Who Swears That The  
Information Contained  
In this Authorization  
Is True and Correct  
To The Best of His or Her  
Knowledge and Belief.

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Date