



VILLAGE OF FOX LAKE

66 THILLEN DR.
FOX LAKE, IL 60020

Phone: (847) 587-3176
Fax: (847) 587-3980

Permit #:

PERMIT EXPIRES IN SIX (6) MONTHS

**TREE REMOVAL
APPLICATION FOR PERMIT**

PROPERTY ADDRESS:			
		PIN:	
		COUNTY:	
PROPERTY OWNER NAME:		PROPERTY OWNER PHONE:	
		Phone #:	
		Email:	
VALUATION (Total Cost of Project):\$			
LOCATION:	DIAMETER (DBH):	SPECIES:	CONDITION/ REASON FOR REMOVAL:
CONTRACTOR INFORMATION:			
NAME:		Phone #:	
ADDRESS:			
EMAIL:			

Statement of Fact: I certify that the facts and information set forth in this application are true and complete to the best of my knowledge. I understand that any falsification, misrepresentation or omission of fact (whether intentional or not) in this application or any other required document, as well as any misleading statement or omission, may be cause for revocation of permit, regardless of how or when discovered. I certify that I have done my due diligence to determine that I do need to submit a tree removal application. I have marked the trees for identification.

Statement of Authorization: I certify I am authorized to submit this application as the property owner or on behalf of the property owner. **Note: If the trunk of the tree straddles property lines, a letter from the adjacent owner or a note of consent must be included with this application.**

Statement of Compliance with Village Code: I agree to comply with Village of Fox Lake Trees and Woodlands Preservation Ordinance. I understand that submitting an application does not entitle me to a permit, and I must have the permit in hand before beginning any work. Removal of tree(s) PRIOR to permit approval and issuance will result in the property owner receiving a fine 2 times the amount of the original permit fee.

Signature of Owner/Agent _____
 Address/City/State/ZIP _____
 Phone _____
 Email Address _____
 Date _____

OFFICE USE ONLY

COMMUNITY DEVELOPMENT DEPARTMENT SIGNATURE: _____ DATE: _____
 TOTAL FEE DUE:\$ _____
 PAID WITH CHECK# ___ CC# ___ CASH: _____ DATE: _____