



CITY OF CHICAGO
DEPARTMENT OF STREETS AND SANITATION
BUREAU OF FORESTRY
 2352 SOUTH ASHLAND AVENUE
 CHICAGO, ILLINOIS 60608
 P.312.746.5254 F.312.743.8030
BOFPERMITS@CITYOFCHICAGO.ORG

APPLICATION TO PERFORM WORK ON TREES WITHIN THE PUBLIC WAY

DATE: _____ ANTICIPATED START DATE: _____ ANTICIPATED COMPLETION DATE: _____

JOB ADDRESS: _____ JOB NAME: _____

FILE#: _____ REFERENCE #: _____

PROPERTY OWNER: _____
 PROPERTY CONTACT: _____
 CONTACT'S PHONE #: _____

CITY PROJECT #: _____
 CITY PROJECT MANAGER: _____
 PROJECT MANAGER'S PHONE #: _____

TREE/LANDSCAPE CONTRACTOR: _____
 COMPANY REPRESENTATIVE: _____
 COMPANY ADDRESS: _____

Is your company a TCIA member? _____
 Is your company TCIA accredited? _____
 Accreditation #: _____

CONTRACTOR'S PHONE #: _____
 CONTRACTOR'S FAX #: _____
 CONTRACTOR'S E-MAIL: _____

CERTIFIED ARBORIST: _____
 ISA CERTIFICATION #: _____
 ISA CERTIFICATION EXPIRATION DATE: _____

BOF ID #: _____ LANDSCAPE INDUSTRY CERTIFIED TECHNICIAN: _____

CERTIFICATE OF INSURANCE PROVIDED: _____

INSURANCE CARRIER: _____ POLICY #: _____ EXPIRATION DATE: _____

EACH PERMIT IS LIMITED TO ONE (1) ACTIVITY. Please indicate as required.

QTY.	TREE SPECIES	SIZE	ACTIVITY (Plant, Prune, Remove, Etc.)

First time applicants may be required to supply additional information to demonstrate ability to perform requested work. This may include financial records, equipment lists, and other references as needed.

All applications for **tree planting** must have copies of **original source nursery certificates** attached.

Tree removal applications may require up to seven (7) working days for approval. Please attach pictures of subject trees.

For large scale projects, please summarize quantities above and attach a detailed spreadsheet of all work by address.

I have read and understand the above written statements. **APPLICANT'S SIGNATURE:** _____