

OFFICIAL USE ONLY
APPROVED:: _____
APPLICATION #: _____

(410) 479-3625 phone
(410) 479-3534 fax
www.dentonmaryland.com (web)

TREE MANAGEMENT APPLICATION

PROPERTY INFORMATION

Note: Properties located in the Critical Area are required to replace trees or provide a fee-in-lieu equivalent.

Property Address: _____ Critical Areal Classification _____

Owner of Property: _____

Address: _____

Phone Number: _____ Fax Number _____ Email _____

Other Contact: _____

CONTRACTOR INFORMATION

Note: All work performed by contractor in the Critical Area is required to have an MHIC Number

Company Name: _____ MHIC # _____

Address: _____

Phone Number: _____ Fax Number _____ Email _____

Contact: _____

PROPOSED WORK

Please mark the one (1) of the following. Trees to be removed are required to be flagged or marked unless visibly apparent:

- ___ The tree is dead, dying, or diseased such that 50% of the crown is visibly dead.
- ___ The tree is damaged or injured to the extent that it is likely to die or become diseased.
- ___ The removal of the tree will enhance the health of the remaining trees and is consistent with good forestry practices.
- ___ The removal of the tree is to alleviate or mitigate a hazard to the property, persons, or any structure located on the property.

Number of trees removed _____ Tree Species _____

Diameter of tree(s), measured at 4.5 feet above ground level _____

MITIGATION

Where proposed tree is located in the Critical Area, a 1 to 1 ratio is required

Number of replacement trees (minimum Native species, 2-inch caliper) _____

Location(s) _____

Authorization

I certify these statements to be true and accurate and that any trees to be removed are located on my property. I hereby grant the Town of Denton officials permission to enter my property for inspections of this Tree Management Application.

Owner / Owner Authorized Representative Signature _____ Date _____