

**City of Southfield
Application for Tree Removal**

Date: _____

Property Owner Name	Tree Contractor Name (Optional, if Known)
Property Address	Business Address
Phone	Phone
Email	Email

If you are unsure if you need a Tree Removal Permit, please see our [FAQs](#). Your tree removal request will be reviewed by the Planning Department for compliance with guidelines set forth by the Planning Department and [Article 4, Section 5.56, Chapter 45 of the Southfield City Code for Woodlands and Tree Preservation](#). Please provide the following information regarding the tree(s) proposed for removal:

Tree #	Tree Type	D.B.H.*	Reason for Removal
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

* D.B.H.: shall mean diameter at breast height or the diameter in inches of a tree measured at four and one-half (4-1/2') feet above the existing grade. Instructional video may be found [HERE](#).

Insert or attach aerial photograph*, site plan, or survey of the property with the approximate location of the tree(s) proposed for removal below. Label dimensions from buildings, parking lots, property lines, etc.

Please number the trees to coordinate with the Tree # shown on Page 1 of this application:

*Contact the Planning Department by calling (248) 796-4150 or emailing contactplanning@cityofsouthfield.com to obtain an aerial photograph for your property, if needed

Please be advised that in accordance with Southfield's licensing regulations, no individual or firm other than the property owner shall engage in tree trimming or tree removal services without first obtaining a license from the City of Southfield. The processing of the Tree Removal Application and issuance of a Tree Removal Permit could take up to five (5) business days. Please note that Tree Removal Applications will be e-mailed to the address(es) provided unless requested otherwise.

By typing your full name below, you are acknowledging that all information provided within this application is to the best of your knowledge and that you are aware of the licensing requirements through the City Clerk's Office for Tree Services per [Article XIII of the Southfield City Code](#).

Signature of Property Owner (Required)

Date

Signature of Tree Services Contractor (if indicated above)

Date