



City of Niagara Falls

Forestry Work Permit
Department of Public Works and Parks Department, Neighborhood Services

Permit Number: _____ Date: _____ Ward/Pro: _____ Lot# _____

Applicant: _____

Phone: _____ (home) _____ (work) _____ (cell) Email: _____

Owner: _____

(If same indicate)

Phone: _____ (home) _____ (work) _____ (cell) Email: _____

Address: _____

(Specific location)

Describe Work to be Performed: (Include # trees and specific task)

Contractor: _____

Phone: _____ (home) _____ (work) _____ (cell) Email: _____

Address: _____

I request permission to perform tree work "on the city margin" as described above.

Applicant's Signature

A permit is hereby granted to the above to proceed with the work as requested. The contractor shall abide by Chapters 901 (Amended 12/17/90), 903 (Amended 10/3/90), and 927 of the codified ordinances of the CITY OF NIAGARA FALLS. *valid 30 days from this date"

Approved: _____ Title _____ Date* _____

Initial Inspection Date: / / by _____

Final Inspection Date: / / by _____

This permit shall be kept on the work site at all times and in the possession of the person in charge of the work and shall be shown on demand to the Parks Neighborhood Services Manager or his designee.

YOU MUST NOTIFY THE NEIGHBORHOOD SERVICES OFFICE 24 HOURS IN ADVANCE BEFORE STARTING THIS WORK. ALL WORK SHALL BE COMPLETED IN A MANNER APPROVED BY AND UNDER THE DIRECTION OF THE PARKS NEIGHBORHOOD SERVICES MANAGER OR HIS DESIGNEE AND MUST COMPLY WITH THE CITY OF NIAGARA FALLS CONSTRUCTION SPECIFICATIONS AND STANDARDS DATED JANUARY 1, 1991.

Copies: Neighborhood Services, Corporation Counsel, Engineering, Forester, Applicant