City of Springfield
Development & Public Works
225 Fifth Street
Springfield, OR 97477
Planning@springfield-or.gov

Tree Removal Notification

Required Project Information	***(Applicant: complete this section)***
Applicant Name:	**Phone:**
Company:	**Email:**
Address:	
Property Owner:	**Phone:**
Company:	**Email:**
Address:	
ASSESSOR'S MAP NO:	**TAX LOT NO(S):**
Property Address:	
Size of Property:	**Acres** ☐ **Square Feet** ☐

How Many Trees are being removed:	
What method of tree removal is being used:	
When are the trees being removed:	
Proposed replanting plan and timeline:	

The undersigned acknowledges that the information in this notification is correct and accurate.

_____ **Date:** _____

Signature

_____

Print

Required Project Information	***(City Intake Staff: complete this section)***	
Case No.:	**Date:**	**Reviewed by:**