



City of Holstein

RIGHT-OF-WAY TREE REMOVAL PERMIT

Per Chapter 151 of the Code of Ordinances

APPLICANT INFORMATION

Name: _____

Address: _____

Phone Number: _____

Email (optional): _____

TREE LOCATION

Address of Tree Location (if different): _____

Nearest Cross Street / Landmark: _____

TREE CONDITION

- ☐ Tree is dead
- ☐ Tree is dying or in decline
- ☐ Tree is causing infrastructure damage (e.g., sidewalk, sewer)
- ☐ Other concern:

Description of the issue or reason for removal request:

CITY INSPECTION (To be completed by the City Administrator)

Date of Inspection: _____

Inspected by: City Administrator _____

- ☐ Verified Dead
- ☐ Verified Dying
- ☐ Not in Need of Removal

Notes: _____

- ☐ APPROVE removal
- ☐ DENY removal
- ☐ Defer for further review

City Administrator Signature: _____

Date: _____

CITY COUNCIL ACTION

Date Presented to Council: _____

- ☐ Motion to APPROVE removal request
- ☐ Motion to DENY removal request
- ☐ Approved
- ☐ Denied
- ☐ Tabled

Notes or Conditions of Approval (if any):

Clerk's Signature: _____

Date: _____

PROPERTY OWNER ACKNOWLEDGMENT

I understand that I am not authorized to remove a tree in the City Right-of-Way without approval of the City of Holstein.

If approved, I acknowledge that I am responsible for all necessary private arrangements for the removal work and that I must remove the stump by mechanical means. Burning or chemical methods are strictly prohibited.

Applicant Signature: _____

Date: _____