TREE APPLICATION

INSPECTIONS . . . . . (248) 626-1601

PERMIT # **T11-**_____

DATE STAMP

32325 Franklin Rd • Franklin MI 48025-1199 • Phone (248) 626-9666 • Fax (248) 626-0538

The undersigned hereby applies for a permit to (describe project)

_____

_____

Current market value of project $_____

SUBMIT CHECKLIST WITH APPLICATION

I. LOCATION OF PROJECT	Historic District? ☐ yes ☐ no	Zoning District	
Address:			
City/Village:	Township:	County:	Zip Code:
Between	And		

II. PARCEL IDENTIFICATION #

A. OWNER OR LESSEE

Name:		Telephone No:	
Address:	City:	State:	Zip Code:

B. ARCHITECT OR ENGINEER

Name:		Telephone No:	
Address:	City:	State:	Zip Code:
License No:		Expiration Date:	

C. CONTRACTOR

Name:		Telephone No:	
Address:	City:	State:	Zip Code:
License No:		Expiration Date:	

Federal Employer Number or
Reason for Exemption:

Worker's Comp Insurance Carrier or
Reason for Exemption:

MESC Employer Number or
Reason for Exemption:

III. TYPE OF IMPROVEMENT AND PLAN REVIEW

A. TYPE OF IMPROVEMENT

[ ] New Building [ ] Addition / Remodel [ ] Demolition [ ] Property [ ] Other

B. REVIEW(s) TO BE PERFORMED

[ ] Building / Trades [ ] Engineering [ ] Arborist [ ] Legal [ ] Other

VI. APPLICANT INFORMATION:

Applicant is responsible for the payment of all fees and charges applicable to this application and must provide the following information:

Name:		Telephone No.	
Address:	City:	State:	ZIP:
Federal ID no. (if applicable)			

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent, and we agree to conform to all applicable laws of the State of Michigan. All information submitted on this application is accurate to the best of my knowledge.

Section 23a of the State Construction Code Act of 1972, Act No. 230 of the Public Acts of 1972, being Section 125.1523a of the Michigan Compiled Laws, prohibits a person from conspiring to circumvent the licensing requirements of this state relating to persons who perform work on a residential building or a residential structure. Violators of Section 23a are subject to civil fines.

Signature of Applicant	**Print Name**	**Application Date**

VII. FOR INTERNAL USE ONLY

	REQUIRED	APP / REJ	DATE	BY	
A ~ BUILDING PERMIT	**[ ] Yes [ ] No**				
B ~ CULVERT PERMIT	**[ ] Yes [ ] No**				
C ~ FENCE PERMIT	**[ ] Yes [ ] No**				
D ~ FLOODPLAIN PERMIT	**[ ] Yes [ ] No**				
E ~ LANDFILL PERMIT	**[ ] Yes [ ] No**				
F ~ SOIL EROSION PERMIT	**[ ] Yes [ ] No**				
G ~ TREE REMOVAL PERMIT	**[ ] Yes [ ] No**				
H ~ WETLANDS PERMIT	**[ ] Yes [ ] No**				
I ~ HISTORIC DISTRICT	**[ ] Yes [ ] No**				
J ~ ZONING BOARD **	**[ ] Yes [ ] No**				

**** Zoning District** **Required Setback** _____ **Front** _____/ _____ **Side** _____ **Back**

_____ **Proposed Setback** _____ **Front** _____/_____ **Side** _____ **Back**

VIII. VALIDATION	**DATE STAMP**
Approved by:	
(signature)	
VILLAGE OF FRANKLIN BUILDING OFFICIAL	

TREE REMOVAL / REPLACEMENT APPLICATION CHECKLIST

___ Application Fee **$100** (non-refundable)

___ Performance Bond to be held for one year after project completion equal to:
- Replacement Protected Trees - $450 per Tree
- Protected trees intended to be saved - $450 per three inch caliper
- Replacement Heritage trees - $450 per three inch caliper

TWO (2) COPIES OF EACH OF THE FOLLOWING MUST BE SUBMITTED

___ Site Plan and/or Tree Location Survey that includes the following:

___ Location of Structures and Improvements – existing and proposed utilities, driveways, walks, drains, swales, wetlands, watercourses, ponds and other significant topographical, manmade or natural features. (Temporary or Permanent)

___ Setbacks and Easements– location of all required setbacks, existing and proposed easements.

___ Identify existing topography and proposed grade changes.

___ Written explanation of how proposed grading may affect Protected Trees.

___ Identify the building envelope and an additional ten (10) feet outside the building envelope.

___ Identification of surveyor, arborist, or landscape architect

___ Complete Tree Inventory Survey Form (provided)

___ Protected Tree Identification (To be shown on plans)

___ Protected trees within adjoining ROW, trees within twenty-five (25) feet of property line, trees affected by construction.

___ Designation of Protected Trees to remain with the method of protection and location of fencing.

___ Designation of Protected Trees to be removed.

___ **Cost estimate and detailed plan for required replacement**

The applicant shall be responsible for 100% of all consultant fees incurred by the Village PLUS a 10% administrative fee

TREE INVENTORY SURVEY _____ ADDRESS

Tree #	D.B.H.	Species	Condition	Crown Spread	Heritage	Existing Elevation	Proposed Elevation	Notes

TREE REPLACEMENT SCENARIO: