



Locust Lake Village P.O.A. Permit Application for Tree Cutting

Applicant Name: _____ Phone# _____

LLV Address: _____

Mailing Address: _____

Signature: _____ Date: _____

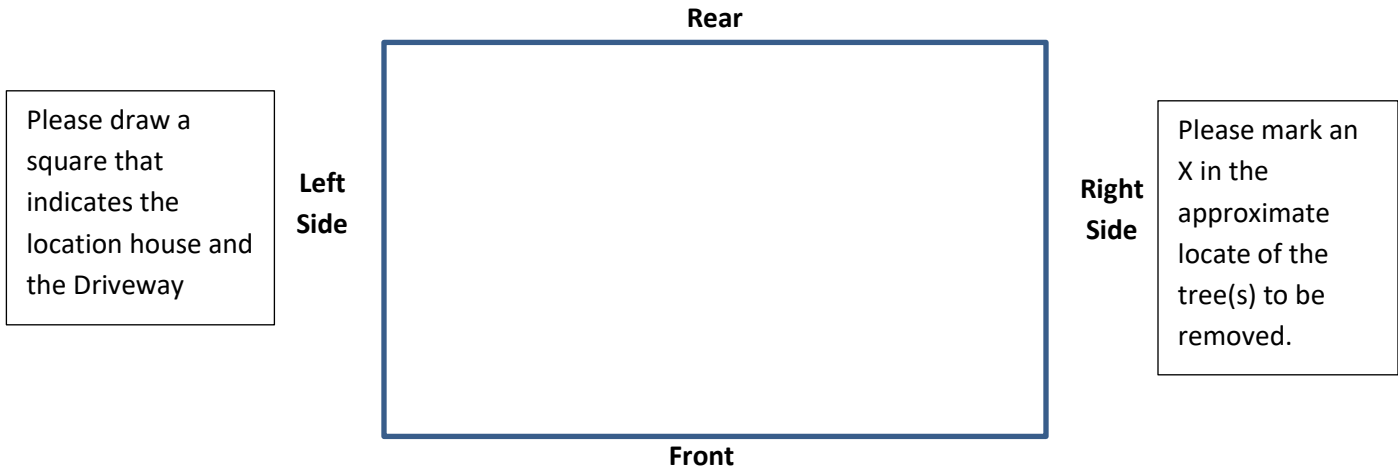
Contractors Name: _____ Phone # _____

Contractor's Insurance on File: Yes _____ No _____

Number of trees to be cut: _____

Have trees been marked for cutting? Yes _____ No _____ (Do not paint markings use ribbons)

Reason for cutting down Trees _____



LLVPOA USE ONLY:

Manager or Agent has marked trees approved for cutting: Yes _____ No _____ Date: _____

Number of trees marked for cutting: _____ Number of trees left unmarked not to be cut: _____

Permit Approved: Yes _____ No _____ Date: _____ # _____ Approved Expiration Date: _____

(Permit is valid for sixty (60) days from the date it is approved)

Reason for full or partial denial of permit: _____

