PUBLIC SHADE TREE REMOVAL APPLICATION

Property Owner: ____________________________________________________________

Property Address: __________________________________________________________

Property Parcel Number: Map: __________ Lot: __________

Reason for removal request/ project description: (attach additional plans or description if needed)
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Tree Species:___________________ Tree Diameter (measured at Breast Height):___________________

1. I am/We are the record owner(s) of the lot referenced above.

2. I am/We are requesting that the Tree Warden grant permission to remove a Public Shade Tree owned by the
   City of Westfield located adjacent to my/our property.

3. I/We have prior approval and all necessary permits and approvals from all other City agencies.

4. I/We understand that per Massachusetts General Law Chapter 87 the Tree Warden is required to conduct a public
   hearing. If at or before the public hearing written objection is received by the Tree Warden the removal of the
   tree shall be denied. I/We understand that all costs of the hearing shall be borne by the applicant.

5. I/We understand that if approval is granted for the removal of the tree(s) I am/We are responsible for the removal
   of the tree including all associated costs.

6. I/We understand that if approval is granted for the removal of the tree(s) I am/We will compensate the City for the
   loss of tree in the following manner.

Fee is $ 100.00 Payable to: DPW-Natural Resource Dept. Check or Money Order Enclosed ______ Check #_____

Property Owner Signature:__________________________________________ Date:_____________

The request to prune the public tree(s) indicated above has been:
☐ APPROVED - The Following Conditions shall apply:_______________________________

☐ DENIED ____________________ Reason:__________________________________________

Tree Warden’s Signature:______________________________________________________ Date of Action:________

If approved, the removal of this tree must take place within 30 (Thirty) days. The Tree Warden reserves the right to change this decision at any time and will provide verbal and/or written notification to the applicant of this change.

This form conforms to the Massachusetts Tree Warden and Foresters Association Standardized form protocol. MTWFA is not liable for its use, implementation or legal viability.