

Village of Wayne
5N430 Railroad Street, Box 532
Wayne, Illinois 60184

Hours: 8:00 A.M. to 12:00
Monday through Thursday
Phone: 630/584-3090
Fax: 630/584-0259

Tree Permit # _____

Application for Tree Permit

Applicant:		Date:	
Address of Property:		Construction Cost:	
Owner:		Phone:	
Owner's Address:		City:	
Type of Tree Removal			

	Name	Address	City, State, Zip Code	Phone
Arborist/Tree Service/Engineer				

The undersigned hereby applies to the Village of Wayne, DuPage and Kane Counties, Illinois for permit herein described and if granted, the applicant shall comply with all requirements of the Village Ordinances relating thereto and pay the fees required.

The applicant having read this application and fully understanding the intent thereof, declares that the statements are true to the best of his/her knowledge and belief.

Signature of Applicant	
Printed Name of Applicant:	
Applicant's Address:	

Requirements:

- Completed application form.
- Photo(s) of tree(s) to be removed.
- Plat of Survey/Site Plan showing location of trees to be removed. If not available, a hand-drawn site plan will be acceptable.