


CORALVILLE
City of Coralville
Tree Planting Permit

Applicant Name: _____ Company Name: _____
Street _____ City _____ State _____ Zip _____
Telephone: _____ Cell#: _____ Fax No: _____
Applicant E-mail address: _____

Property Owner Name &
Phone Number: _____ Tenant Name: _____
Location for Permit Address: _____

Utility locate (1-800-292-8989) and proposed planting site staked, required prior to permit application
Utility Locate Request #: _____ Date/Time Locate was requested: _____
Tree type (species): _____ Avg. mature spread _____ height _____

Overhead Utility Lines? Are proposed tree locations staked? Does tree meet 1.5" diameter @ 5' requirement
 Yes No Yes No Yes No
Required prior to permit application

COMMENTS: _____

Application Date: _____ Proposed Date Work to Start: _____

Allow 5 business days to process permit
\$15 Application Fee Attached: Yes No

By signing this application, I hereby agree to abide by the terms of the permit conditions, if a permit is issued.

Signed: _____
(OWNER)

Return permit application & fee to Coralville Parks and Recreation, 1506 8th Street, Coralville, IA 52241

DO NOT WRITE IN SPACES BELOW – RESERVED FOR CITY STAFF

Recommended for Approval: _____ Forestry _____ Water _____ Wastewater

FORESTRY PROGRAM REPRESENTATIVE

WATER DIVISION REPRESENTATIVE

Applicant notified by: E-mail Fax US Mail

WASTEWATER DIVISION REPRESENTATIVE

Reason for denial: _____

Approved Tree Planting Permit Expires 30 days from application date.

For Utility Locates Call 1-800-292-8989, Allow 48 hours to complete.