



Permit Center

210 Lottie Street, Bellingham, WA 98225
 Phone: (360) 778-8300 Fax: (360) 778-8301 TTY: (360) 778-8382
 Email: permits@cob.org Web: www.cob.org/permits

Street Tree Permit Application

Please email completed Application to: permits@cob.org

This permit is subject to the following conditions pursuant to City of Bellingham Ordinance No. 13.40.606 and Policy No. PAR 06.00.01 (Planning Department/Permit Center 360-778-8300, Public Works Engineering 360-778-7900)

Office Use	Permit Number(s)	
	Project Name	
	Rec'd Date / Rec'd By	/

Contact Information			
Check all that apply <input type="checkbox"/> Applicant* <input type="checkbox"/> Owner <input type="checkbox"/> Other:			
Name:			
Mailing Address:			
City:		State:	Zip Code:
Phone:		Email:	

Site Address:

Tree Information ([City of Bellingham Approved Street Tree List - PDF](#))
 ([Required Planting Detail – PDF](#))
Notice: Street Tree Application will be deemed incomplete without botanical name of proposed street tree(s)

Planting	Removal	Pruning
Genus/Species/Subspecies/Cultivar/Variety:	Genus/Species:	Genus/Species:
	Reason:	Reason:
Size/Caliper:		
QTY:	QTY:	QTY:

Overhead Utilities? YES NO
Required: Landscape Plan and Location Map (show proposed work, attached to application)

DESCRIPTION OF WORK (list each tree species and quantity):

WORK TO BE PERFORMED BY

Name/Company:	Mobile Phone:
Email:	Office Phone:

* I hereby certify that I have read and examined this application and know the same to be true and correct. All provision of laws and ordinances governing this type of work will be complied with whether specified herein or not. I understand that this form is being submitted electronically and my typed name on the signature line will qualify as my signature for purposes of the above certification.

Signature:	Date:
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