



# City of Decatur Landmark Tree Application

Application Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## OWNER INFORMATION

Owner's Name:		Phone Number:	
Address:		Cell Phone Number:	
City, State, & Zip		E-Mail Address:	

## TREE INFORMATION

\*\*\*Please fill out 1 form for each tree or group of trees.\*\*\*

Tree Address:		Tax Parcel ID #:	Leave blank if unknown.
Location/Access Description:			
***Please provide at least 1 photograph of the tree if available; digital photo file preferred; e-mail to treepermits@decaturga.com			
Tree Species (Common and Latin Name if known):		Tree Canopy Size (from the Tree Species List):	_____ sqft
Approximate Height (in feet):		Canopy Width/Spread (measure at widest point and in perpendicular direction)	_____ feet x _____ feet
Trunk Circumference in inches at 4.5 feet above the ground:		Trunk Diameter/DBH ("diameter at breast height", measured at 4.5 feet above the ground; or measure circumference and divide by 3.14):	

## TREE DESIGNATION CRITERIA (Type of Tree)

\*\*\*Please describe each item that applies to the tree(s) nominated in this application, and attach additional information/documentation if available.\*\*\*

DBH greater than 26" for large canopy tree:	
DBH greater than 10" for small canopy tree:	
National, State, or Champion Tree	
Unique or rare species:	
Association with historic event or person:	
Community landmark:	
Tree is co-owned or part of a common area (Include all owners or association written approval)	

## CITY ARBORIST ADMINISTRATIVE INFORMATION (Office Use Only)

Date received by City:		Date of site inspection:	
Application:	Approved _____ Denied _____	Arborist's name:	
Tree Number:		Latitude/Longitude (Easting/Northing):	
Arborist's Comments:			
City Commission Meeting Comments:			
			Approval Date:
			Denial Date: