

Town of Carlton
Tree Planting Permit Application

Permit No. _____ Date _____

Name _____ Phone No. _____

Mailing Address _____

City _____ State _____ Zip code _____

Parcel Number _____ Total Parcel Acres _____

_____ $\frac{1}{4}$ _____ $\frac{1}{4}$ Section _____ Township _____ Range _____

Property Location Street Name _____

Number of Acres to be Planted in Trees _____

Reason for Planting of Trees _____

A Site Map with the location of the Proposed Tree Planting must be attached.

Applicant Signature _____ Date _____

Town of Carlton Plan Commission Decision

Approve _____ Deny _____

Reason for Ruling _____

Plan Commission Chair

Date