

# FLORA PERMIT APPLICATION

Permit Number: FLR \_\_\_\_\_ - \_\_\_\_\_

## A. Closest Address to Project (REQUIRED):

NUMBER N-S-E-W STREET NAME BLDG/SUITE #

If exact address is not known, please fill in below:

N, S, E, W side of \_\_\_\_\_

\_\_\_\_\_ feet N, S, E, W from intersection of \_\_\_\_\_

Township: \_\_\_\_\_

## B. Applicant Information:

Name \_\_\_\_\_

Address \_\_\_\_\_

Number N-S-E-W Street Name Bldg/Suite #

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone Number ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

## C. Contractor Name:

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

## If Department of Public Works Project:

Project #: \_\_\_\_\_

DPW Project Manager: \_\_\_\_\_

## D. Detailed description of work to be done and why:

(use additional sheets or attach plans if necessary)

Start Date \_\_\_\_\_ End Date \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## E. Permit Type:

*\*Note: For planting, pruning, removal, or chemical application, please ensure that each location is marked with a visible indicator.*

\_\_\_\_\_ 1) Planting\* (A maintenance plan including watering schedule is needed for new plantings)

How many trees: \_\_\_\_\_

Tree species: \_\_\_\_\_

\_\_\_\_\_ 2) Pruning\*

How many trees: \_\_\_\_\_

Tree species: \_\_\_\_\_

### Certified Arborist

Name: \_\_\_\_\_

Certification #: \_\_\_\_\_

Phone #: \_\_\_\_\_

Objective \_\_\_\_\_

Pruning Methods to obtain objective:

\_\_\_\_\_ a) Crown Clean

\_\_\_\_\_ b) Crown Raise to height of \_\_\_\_\_ feet

\_\_\_\_\_ c) Crown Thinning by \_\_\_\_\_ percent

\_\_\_\_\_ d) Crown Reduction by \_\_\_\_\_ percent (only granted to mitigate an existing moderate to severe physical conflict with a nearby structure or utility)

\_\_\_\_\_ e) Root Pruning when root system may be impacted by a project.

\_\_\_\_\_ 3) Removal\* (stump included)

How many trees: \_\_\_\_\_

Tree species: \_\_\_\_\_

\_\_\_\_\_ 4) Application of Chemicals\* (must include copies of all chemical

labels with this application)

How many trees: \_\_\_\_\_

Tree species: \_\_\_\_\_

### Certified and Licensed Applicator

Name: \_\_\_\_\_

License #: \_\_\_\_\_

Phone #: \_\_\_\_\_

\_\_\_\_\_ 5) Invasive Removal project (MUST FILL OUT BACK OF FORM)

\_\_\_\_\_ 6) Other: \_\_\_\_\_

DEPARTMENT OF CODE ENFORCEMENT

1200 MADISON AVENUE, SUITE 100, INDIANAPOLIS, INDIANA 46225

PHONE: (317)327-8700 FAX: (317)327-2274 EMAIL: DCE.Environmental@indy.gov

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**F. Invasive Removal Project:**

1) Name of DPW Land Stewardship contact:  
\_\_\_\_\_

2) What streets, alleyways or right-of-ways will be impacted:  
\_\_\_\_\_  
\_\_\_\_\_

3) Name of neighborhood group, individual, or other entity requesting project: \_\_\_\_\_  
\_\_\_\_\_

Address \_\_\_\_\_  
                     Number    N-S-E-W    Street Name                      Bldg/Suite #  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone Number ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

4) Volunteer or Contracted Labor: \_\_\_\_\_  
\_\_\_\_\_

5) Will plant material be removed (roots and all) or cut low and chemically treated? \_\_\_\_\_  
\_\_\_\_\_

6) What is the plan for future maintenance? (schedule, frequency, pesticide applications necessary)? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7) Will other plant material be established as part of the project?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8) Who will be the entity responsible for the disposal of debris generated by the removal operations?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Staff Use Only**

Date Received \_\_\_\_\_ Date Inspected \_\_\_\_\_

Inspection By \_\_\_\_\_

Approval Conditions:  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_

<b>NUMBER OF TREES</b>			
Planted	Removed	Pruned	Treated
_____	_____	_____	_____

**A detailed plan must be included with your application.**

**Please allow at least seven (7) to ten (10) days to process your application.**

**G. Applicant**

I, the undersigned, take full responsibility to perform the duties for which I have applied and have been granted to perform by the Department of Code Enforcement of the City of Indianapolis and Marion County. I will also perform these tasks with complete cooperation of the City Inspector assigned to this project. I do hereby release and forever discharge the said Department of Code Enforcement and/or the Consolidated City of Indianapolis, Indiana, and their respective agents, officers, and employees from all claims, demands, damages, or claims for relief on account of any and all injury which may exist or which may hereafter arise from participation in the permitted work.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_