PERMIT VALID FOR 90 DAYS FROM DATE OF ISSUE

City of Hollister Public Works Department
Parks and Streets Division

Street Tree Permit Approval Form

REQUEST FOR APPROVAL

( ) Planting ( ) Removal ( ) Treatment ( ) Trimming **Topping is not Permitted**

APPLICANT INFORMATION

Name: _____

Street Address: _____

Home Phone: _____ Work Phone: _____

Description of Problem/Work to be done: _____

_____

BUSINESS PERFORMING WORK

Contact Person: _____

Business Name: _____

Business Address: _____

Business Phone: _____ Message Number: _____

If permit is granted, I further agree that all work shall be performed without cost to the City of Hollister and that I shall INDEMNIFY AND HOLD HARMLESS the City, its employees and officers from any loss, liability, claim, damage or cost incurred by or claimed against the City or its officers and employees as a result of the activities allowed by this permit. I hereby WAIVE, RELEASE AND DISCHARGE the City of Hollister or any of its officers or employees from any loss, damage, claim, cost or liability which may result from the use of this permit and ASSUME ANY AND ALL RISKS from the activities allowed by this permit. I further agree that all work shall be done by a professional licensed contractor or certified in the care of trees and able to provide evidence of liability insurance for the work to be performed.

I understand that any trees improperly trimmed or planted will be subject to removal by or at the direction of the Public Works Director and the cost thereof assessed to me.

Signature of Applicant: _____ Date: _____

Date of Issue: _____

Comments: _____

Approved by: _____ Title: _____

PERMIT VALID FOR 90 DAYS FROM DATE OF ISSUE

( ) Copy to Code Enforcement