



PARKSTRIP TREE REIMBURSEMENT APPLICATION

Date: _____

Name: _____ Phone: _____

Address: _____

Subdivision Name: _____ Lot: _____ Zone: _____

Parcel Number: _____ Type of Tree(s): _____

FOR OFFICE USE ONLY

Date Received: _____

Number of Trees Required: _____ Date of Certificate of Occupancy: _____

Amount of Bond Paid on Permit: _____ Permit Number: _____

Owner Name and Address Listed with Tooele County: _____

Date of Inspection: _____

Pass

Fail

Caliper: _____
Min. 1½" 12" from ground

Height: _____
Min. 6'

Condition of Tree(s): _____

Comments: _____

Inspector

Date

Community Development Director

Date

FOR FINANCE USE ONLY

Date Paid: _____ Amount Paid: _____

GL# 70-2947-000