



511 6th Avenue
Belle Fourche, SD 57717
Phone (605) 892-2494
Fax (605) 892-2784

Operating Year: _____

Application for Street Tree Pruning and Maintenance / Removals

Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone Number(s): _____

Email: _____

Application is for:

Pruning and Maintenance: _____ Removal: _____

Reason for Permit: (diseased, damaged, line/utility/sidewalk clearance, dead)

The City of Belle Fourche will enter into a 50/50 cost share agreement with the homeowner up to a \$1,000.00 maximum. Projects exceeding the City's \$1,000.00 maximum threshold (\$2,000.00 total) will be permitted. However, the excess amounts will be the homeowner's responsibility. Homeowners must water and care for the trees being pruned and/or maintained. The City is not responsible for damaged sprinkler systems. The homeowner is responsible for locating irrigation prior to all pruning and maintenance / removal projects.

Location and Description: (include a sketch showing property boundaries, tree being serviced, structures, sidewalks, driveways, and existing trees)

Who is performing the work:

Contractor Name: _____

Address: _____ **City:** _____ **State:** _____ **Zip Code:** _____

Phone Number(s): _____

Email: _____

This application is issued in accordance with the City of Belle Fourche Ordinance Chapter 12.38 "Trees". The Property Owner agrees to comply with this ordinance.

Applicant Signature

Date

Submission of Application:

Before submitting your application, please ensure the following:

- All information provided in this application is accurate to the best of your knowledge.
- The applicant has attached a sketch of the property and clearly identifies tree being serviced.
- The applicant has identified the contractor and had provided their contact information.
- The applicant agrees to comply with city ordinance has signed the application.

Once this application is completed, please submit it and the accompanying sketch to the Engineering Administrative Assistant. Below are options for submission:

- **Mail:** please address mail to City of Belle Fourche Attn: Engineering Department at 511 6th Avenue, Belle Fourche, SD 57717
- **In Person:** the Engineering Department is on the 2nd floor of City Hall
- **Email:** please send email submissions as a PDF with the accompanying map to hailey@bellefourche.org.

Office Use Only: Approved By: _____ Date: _____

Projected Project Costs: _____ Completion Date: _____