



City of Delphi, Indiana
TREE WORK LICENSE APPLICATION
(updated 2007)

Date _____

Name of Firm _____

Name of Owner _____

Contact Person _____

DL# _____

Address _____

State of Issue _____

D.O.B. _____

Describe Your Training & Experience

Insurance Carrier:

Name of Company _____

Policy # _____

Address _____

Expiration Date _____

Liability Policy Amount

Bodily Injury \$ _____ (min. \$300,00.00)

Property Damage \$ _____ (min. \$50,000.00)

Applicant has received a copy of the Delphi Forestry Ordinance (99-3) and Forestry Manual.

Delphi Clerk/Treasurer has received a copy of applicants Insurance Policy Declarations page.

Amount due: \$25.00 Date Paid _____

Delphi Clerk/Treasurer Signature _____

Delphi Street Superintendent Signature _____

I hereby certify that I have reviewed and familiarized myself with the Delphi Forestry Ordinance and Forestry Manual and I hereby agree to perform any work to be done in accordance with said provisions therein. I recognize that violations of said ordinances and regulations will result in revocation of any license which may be issued under this permit application.

Date: _____ Signature _____