



TREE RELOCATION PLAN

Date: _____ **Tree Permit #:** _____ **Applicant Name:** _____

Arborist/Tree Worker performing the relocation: _____

Current location of tree(s) to be relocated: _____

Location tree(s) will be relocated to: _____

How often will the relocated tree(s) be watered? _____

When would the relocation will be completed: _____

**A signed & sealed Relocation Landscape Plan may be required.*

TREE SPECIES	TREE DIAMETER	ROOTBALL DIAMETER	SIZE OF HOLE	ROOT PRUNED FOR HOW LONG? (Prior to Relocation)
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

I, _____, agree to relocate tree(s) in accordance to the specifications of this plan.

SIGNATURE OF TREE RELOCATOR/CONTRACTOR: _____