

## CITY OF BAY ST. LOUIS BUILDING DEPARTMENT

## TREE WORK PERMIT

Name of Applicant:		Date:
Address of Appl	icant:	Phone:
Location of Wor	k:	
In accordance y	with Bay St. Louis Ordinance #	Trim or Prune
<u>SPECIES</u>	<u>NO.</u>	SIZE OF TREE
D. Firm	4. in a result.	License No
Person or Firm	doing work:	License No
	Following Conditions:	
Approved:	City Arborist	Signature of Applicant