

**CITY OF GRISWOLD
TREE PERMIT**

Name: _____ Date: _____

Address: _____

Type of Tree to be planted: _____

Date Tree to be planted: _____

Attach drawing of where tree is to be planted.

***Reminder – State law requires that you call Iowa One Call 48 hours prior to digging.**

OFFICE USE ONLY

Permit _____ Approved _____ Denied _____ Authorized Official _____

Inspection date: _____ Inspected by: _____

Notes: _____

