

**CITY OF COVINGTON TREE BOARD
LANDMARK TREE PROGRAM
APPLICATION**

DESCRIPTION OF TREE

Species Common Name _____

Scientific Name _____

Trunk Circumference _____ Estimated Height _____

Average Limb Spread _____ Estimated Age _____

LOCATION OF TREE

Owner's Name _____

Owner's Phone _____ email _____

Address _____

Location on property _____

Historic/anecdotal information about tree _____

Submitted by _____ Date _____

Signature _____

INSPECTION OF TREE

Does owner grant permission for inspection by Tree Board? Yes _____ No _____

Performed by _____ Date _____

Signature _____

Application approved ___ denied ___ Notes _____