



**TOWN of BROOKLINE**  
*Massachusetts*

**TREE REMOVAL PERMIT APPLICATION  
STORM WATER MANAGEMENT AND/OR  
LAND DISTURBING ACTIVITIES  
{Article 8.26 of By-Laws of Town of Brookline}**

Address of Project: \_\_\_\_\_ Referral Date: \_\_\_\_\_

Applicant (Print Clearly): \_\_\_\_\_  
(Contact Person for Information and Questions)

Address: \_\_\_\_\_

Telephone Numbers (Office): \_\_\_\_\_ Cell phone Number: \_\_\_\_\_  
Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Description of Work:  
\_\_\_\_\_  
\_\_\_\_\_

(For example: tree removal, grinding stumps, landscaping, new plantings, proposed grading, etc.)

Name Address and Phone Number of Certified Arborist, Civil Engineer, Land Surveyor or Landscape Architect:  
\_\_\_\_\_

Date of Drawings: \_\_\_\_\_

Additional drawings and information may be necessary to document your proposal.

Approved by DPW - Engineering Division

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