

PROPERTY INSPECTION REPORT

Date: _____

Name of permittee: _____

Address: _____

Telephone No.: (_____) _____

Property/Tree location: _____

Inspection Report effective until: _____

******* FINDINGS *******

Is the oak wilt or dutch elm disease present? Yes No

Number of trees to be removed: _____

Reason for activity: _____

Other findings: _____

Diagram of location:

Signed: _____

City Forester

CITY OF SHAWANO OAK WILT & DUTCH ELM PREVENTION PERMIT

FEE \$35.00

This permit is issued for: Cutting/trimming/pruning of oak trees between April 1 and October 1.
(check one) Transport of wood known to be infected with oak wilt.

Is permittee the property owner? Yes No If "No", owner must ALSO sign below.

Dates during which this permit is in effect: _____

1. All wounds made in any living oak trees as a result of the above-referenced cutting, trimming or pruning and any stumps left after cutting of oaks, shall be immediately covered with tree wound dressing.
2. If any trees on the above-described property, or any neighboring property, become infected with oak wilt as a result of the cutting, trimming or pruning activities described, the property owner shall be liable for abatement actions necessary to control the spread of oak wilt, as required under respective Oak Wilt Ordinances. The owner and permittee may also be liable to neighboring property owners for damages occurring as a result of the oak wilt infection, as allowed under Wisconsin Statutes.
3. Any person doing any cutting, trimming or pruning of oaks or transporting of oak wilt infected wood shall have a copy of this permit with him/her at all times and shall provide the permit for inspection upon demand of the City Forester or any official empowered to enforce the Oak Wilt Ordinance.
4. Any permittee who obtains a permit for transport of oak wilt infected wood must follow the City Ordinance.
5. Any wood remaining on the property is to be completely enclosed with a plastic tarp or stored indoors. All branches are to be disposed of by chipping, burning or burying. All stumps are to be chipped out, dug out or buried.

Signature of Permittee: _____

Date: _____

Signature of Property Owner: _____

Date: _____

Signature of Authorized Permit Issuer: _____

Date: _____