



Tree Planting Program

CITY OF CREVE COEUR, MISSOURI

DEPARTMENT OF PUBLIC WORKS

TNO: 314-872-2533

APPLICATION DATE: _____		
_____ NAME OF PROPERTY OWNER		
_____ ADDRESS OF PROPERTY		
_____ CONTACT PERSON		
_____ DAYTIME PHONE NUMBER	_____ CELL PHONE NUMBER	_____ EMAIL ADDRESS

SMALL HEIGHT: (1" TO 1.5" CALIPER @ \$100 EACH)

(2.5" TO 3" CALIPER @ \$185 EACH)

_____ WHITE/RED FLOWERING CRAB (NON-FRUIT)

_____ WHITE/RED FLOWERING CRAB (NON-FRUIT)

_____ AMERICAN SMOKE TREE

_____ NATIVE REDBUD

_____ NATIVE REDBUD

MEDIUM HEIGHT:

_____ KWAZAN CHERRY

_____ KWAZAN CHERRY

_____ NATIVE ALDER

_____ CHINESE PISTACHE

_____ CHINESE PISTACHE

LARGE HEIGHT:

_____ JAPANESE ZELKOVA

_____ JAPANESE ZELKOVA

_____ NATIVE HACKBERRY

_____ NATIVE HACKBERRY

_____ NATIVE TULIP TREE

_____ NATIVE TULIP TREE

By participating in the City of Creve Coeur's Tree Planting Program, I understand and agree to the following:

- 1) The City has the authority to accept or reject planting locations proposed by the homeowner.
- 2) The homeowner accepts full responsibility for maintenance and care for tree once it is planted (including, but not limited to, watering, protection from the natural environment, etc.)
- 3) The payment or contribution of any value or amount for participation in the City's Street Tree Planting Program is intended to assist the City in defraying the costs of this beautification program and does not create any entitlement or right of any kind and shall authorize only initial selection of tree species, subject at all times to City approval and conditions. The City retains completed control and ownership of its rights-of way including all trees, shrubs, or other improvements installed therein, irrespective of any contribution or maintenance by any other person. While the purpose of the tree Planting Program is to enhance the number and quality of street trees, the City retains the right to trim, alter or remove, or replace any trees or improvements without notice.

Signature _____

Date _____

FOR OFFICE USE ONLY

Amount Received _____

Check Number _____

Receipt Number _____

Received By _____

Date _____