_____**ORIGINAL APPLICATION** **NO – FEE**

_____**RENEWAL APPLICATION** **EMERALD ASH BORER**

CHEMICAL TREATMENT PERMIT APPLICATION

Please complete this application and return it to the Public Works Department, 300 Raymond Ave, Barrington, IL 60010. If you have questions, please contact Village Forester Mike Szymanski at 847-381-7903 or Mszymanski@barrington-il.gov.

Property Owner Name (Please Print):_____

Address: _____

Daytime Phone Number: _____Mobile Phone Number: _____

E-Mail:_____

Location of Parkway Tree(s) Requested to be Treated: _____

Number of Trees & Sizes Requested to be Treated: _____

Form of Treatment: _____

Contact Information of Company Performing Treatment

Name of Company: _____

Address: _____ Email: _____

City, State, Zip: _____

Contact at Company: _____

Phone Number: _____ Mobile Phone Number: _____

Please include a copy of the treating companies Certificate of Insurance naming Village as additional insured to this permit – See attached sample

Terms & Conditions of EAB Chemical Treatment Permit:
This permit allows for the treatment of EAB for a term no longer than 1 year from the date of issuance. Only trees rated in Excellent or Good condition as determined by the Village Forester shall be allowed to be treated. The Village reserves the right to remove any treated tree(s) if found to be infested by EAB, to be in decline or become hazardous as determined by the Village Forester. No refund for treatment or delay in removal shall occur as a result of any treatment applications.

I have read the terms & conditions of this permit and by signing agree to all parts contained therein

Name of Applicant (please print): _____

Signature of Applicant: _____ Date: _____

For Office Use Only – Application for EAB Treatment Permit

Application Received Date: _____Reviewed by: _____

Treatment Company has provide an acceptable Certificate of Insurance: **YES NO**

Permit Status: _____Issued Date _____Denied Date

Reason Denied: _____

_____

Comments: _____

_____

_____