

**This application is not a permit until fees are received and drawings/plans (if applicable) are approved. Any work prior to permit issuance is prohibited. Permits are non-transferable and Fees are Non-Refundable! All permit applications are to be completed and submitted through the BS&A Online Permitting Portal: <https://bsaonline.com/?uid=2757>**

PROJECT ADDRESS:

Unit/Suite/Apt#:

Parcel:

☐ Residential ☐ Commercial

Project Description / Full Scope:  
(Required) :

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

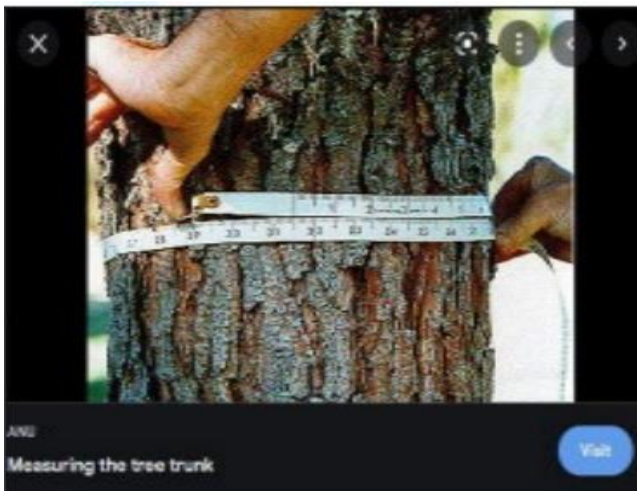
ESTIMATED VALUE (Required) :  
(Total Value of Job)

\$ \_\_\_\_\_

**0. Tree Removal (Select One Below):**

1. ☐ 1 to 5 Trees (\$75.00 fee)

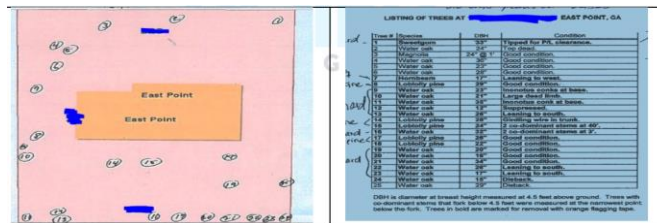
(Pics of trees showing dbh measurement for each tree **must** be submitted with application (See sample below)



2. \*☐ 6 or more Trees

**5 day Plan Review Required**  
(fee calculated on # of specimen trees determined in plan review)

(An Arborist report and site plan layout with tree specimen type, dbh of each tree and erosion control method must be submitted for plan review. Sample below)



**Permit Holder Required Credentials**

This permit will be issued to the entity/person doing the work - Contractor or Homeowner/Property; **the Homeowner/Property owner cannot apply for Tree Contractor unless granted permission by Tree Contractor with [East Point Authorized Agent Form](#).**

**Tree Contractor:**

1. Current Business License / Occupational Tax Certificate
2. US Government Issued ID of Applicant

**Homeowner:**

1. Tax Bill or (Stamped) Fulton County Deed
2. US Government Issued ID of Applicant

TREE PERMIT INFORMATION

<b>Who is the PERMIT HOLDER – the person responsible for, will supervise <i>and do the work</i> for this permit:</b> <b>(Reference the “Who Can Pull a Permit document)</b>		
<input type="checkbox"/> <b>Homeowner / Property Owner</b> <ul style="list-style-type: none"> <li>Tax Bill and/or Deed filed with County Required</li> <li>Stated Issued ID Required</li> </ul>	<input type="checkbox"/> <b>Contractor</b> (if To Be Determined please check <input type="checkbox"/> ) <ul style="list-style-type: none"> <li>Current Business License Required</li> <li>Copy of State Certification (if applicable) Required</li> <li>State Issued ID Required</li> </ul>	
<p style="color: red; font-weight: bold;">The signature below is a binding statement that the permit holder will be responsible for and supervise the job at the permitted address and that the Property Owner is aware of, agrees with and has granted permission for this permit to be applied for and issued.</p> <p>Signature of Permit Holder (or agent): _____ Date: _____</p>		
<p style="text-align: center;"><b>Who is submitting this application:</b></p> <p style="text-align: center;"> <input type="checkbox"/> Property Owner             <input type="checkbox"/> Contractor             <input type="checkbox"/> Designer / Engineer / Architect             <input type="checkbox"/> Permit Expeditor  <input type="checkbox"/> Agent for Permit Holder         </p>		
<b>AGENT FOR PERMIT HOLDER: (All Contact Information Required! <span style="color: blue;">Authorized Agent Form</span> required!)</b>		
Name: _____		Phone: _____
Address (Physical / No PO Boxes): _____		
City: _____	State: _____	Zip: _____
Email: _____		
<b>PROPERTY OWNER: (REQUIRED – APPLICATION WILL NOT BE ACCEPTED WITHOUT PROPERTY OWNER'S INFORMATION!)</b>		
Name: _____		Phone: _____
Address (Physical / No PO Boxes): _____		
City: _____	State: _____	Zip: _____
Email: _____		
<b>CONTRACTOR: (All Contact Information Required - if To Be Determined, please check <input type="checkbox"/>)</b> <b>If contractor is to be determined, an ‘ASSIGNING CONTRACTOR TO PERMIT AFTER SUBMISSION’ form must be submitted with updated information and signatures before permit can issued.)</b>		
<input type="checkbox"/> <b>State Certified Contractor</b>	<input type="checkbox"/> <b>Specialty Trade</b> <small>(Roofer, Concrete, Siding, Sheetrock, Fence, Windows, etc...)</small>	
Name: _____		Phone: _____
Company Name: _____		Phone (Company): _____
Address (Physical / No PO Boxes): _____		
City: _____	State: _____	Zip: _____
Email: _____		
Business License #: _____		State Card # (if applicable): _____
<b>DESIGNER / ENGINEER / ARCHITECT / PERMIT EXPEDITER (If applicable):</b>		
<input type="checkbox"/> Designer <input type="checkbox"/> Engineer <input type="checkbox"/> Architect <input type="checkbox"/> Permit Expediter		
Name: _____		Phone: _____
Company Name: _____		Phone (Company): _____
Address: _____		
City: _____	State: _____	Zip: _____
Email: _____		