



**BOUNDARY TREE AGREEMENT**

Date: \_\_\_\_\_

\_\_\_\_\_  
Address of owner or co-owner of the tree

\_\_\_\_\_  
Address where construction will occur

\_\_\_\_\_  
Permit Application #

**TO WHOM IT MAY CONCERN**

I, \_\_\_\_\_ (print name) owner/co-owner of the tree(s) give  
\_\_\_\_\_ (print name) builder/developer permission to  
destroy or impact my tree(s) that straddle(s) the boundary of our property during  
construction activities.

Describe each tree by species, diameter at breast height, location, and if to be destroyed  
or impacted:

Tree 1: \_\_\_\_\_

Tree 2: \_\_\_\_\_

Tree 3: \_\_\_\_\_

**CHECK WHICH APPLIES: may be one or both conditions.**

( ) **For tree(s) destroyed** – I have seen the site plan and am aware that the tree(s) is  
considered destroyed. If the tree(s) is removed, it will be at the builder/developer’s cost  
and the area around the tree(s) shall be returned to the condition it was prior to the tree(s)  
removal. You or the tree removal company must provide me with proof of workman’s  
compensation and general liability insurance coverage, prior to removing tree(s). This  
insurance shall cover any damage to my property during the tree removal process.  
Replacement tree(s) planted on my property, will be selected by me using Norcross  
City’s list of recommended trees.

( ) **for impacted trees** – I have been provided a silvicultural prescription stamped  
PAID. The prescription was developed by an Int’l Society of Arboricultural certified  
arborist and accepted by the City of Norcross. This prescription cannot be cancelled,  
terminated, or otherwise modified without my consent and the approval of the City of

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Norcross. I give the certified arborist right-of-entry to my property to treat the tree(s) according to the prescription.

\_\_\_\_\_  
Print name of owner/co-owner of tree(s)

\_\_\_\_\_  
Print name of builder/developer

\_\_\_\_\_  
Signature of owner/co-owner of tree(s)

\_\_\_\_\_  
Signature of builder/developer

\_\_\_\_\_  
Notary Signature/Seal/Date

\_\_\_\_\_  
Notary Signature/Seal/Date