

# Adopt-an-Ash Program

Permit to Chemically Treat Ash Trees on Public Property



## PERMIT APPLICATION

Thank you for your interest in adopting a City ash tree! This permit application is for those who would like to “adopt” an ash tree in the public right-of-way by providing ongoing chemical treatment to minimize damage by Emerald Ash Borer (EAB).

**This form should be printed, filled out, and returned by 1) mailing to the Lincoln Parks and Recreation Department (LPRD) at the address below, 2) delivering in person to the same address, OR 3) scanning the completed form and emailing to [forestry@lincoln.ne.gov](mailto:forestry@lincoln.ne.gov). The approved permit will be returned by the method received. You must be able to certify each item below in order for the permit to be approved:**

- The tree is in the public right-of-way adjacent to the lot where I live or have a business. If there is more than one tree, indicate the number of trees here: \_\_\_\_\_
- I have located the Street Tree ID number or numbers for each tree to be treated by contacting LPRD at 402-441-7847 (Ext. 0), OR by identifying one more trees on the LPRD Ash Tree Map program available at [trees.lincoln.ne.gov](http://trees.lincoln.ne.gov), and have listed the ID#(s) below:
  - ID # of street tree: \_\_\_\_\_ ID # of street tree: \_\_\_\_\_
  - (Attach additional sheet if more than two trees are part of this permit approval)
- The diameter (width) of the tree(s) when measured 4.5 feet above the ground is at least 14”.
- The tree is not under overhead wires.
- The tree(s) are in good condition and no significant wounds are visible.
- I understand that public trees may only be treated with a chemical trunk injection method. Please note that no other chemical applications are allowed for public trees.** Other treatment methods that are not allowed include: soil drench, soil injection, trunk sprays or foliage sprays. All chemical treatments must be in accordance with state and federal regulations and applied only by a licensed applicator.
- I have contacted a licensed pesticide applicator to treat the ash tree(s) using a trunk injection method.  
The applicator’s name is: \_\_\_\_\_ and their current Commercial Pesticide Applicator’s License Number is \_\_\_\_\_.  
The tree(s) are scheduled to be treated on \_\_\_\_\_ (date).
- After the tree(s) have been treated, I will submit an invoice from the pesticide applicator to verify that the treatment is complete with a Certification That Ash Tree Treatment is Complete form provided with the Permit Approval.

**I have checked all of the above and certify them to be true with my signature on this form.**

Signature: \_\_\_\_\_

Printed Name (First/Last): \_\_\_\_\_

Street address (including zip code): \_\_\_\_\_

\_\_\_\_\_

Applicant phone number: \_\_\_\_\_

Applicant email address: \_\_\_\_\_

**Return form to:  
Lincoln Parks & Recreation Dept.  
Attn: Community Forestry  
3131 O St., Suite 300  
Lincoln, NE 68510**