



Native Tree & Shrub Planting Cost-Share Program Application

Owner's Name:	Owner's Telephone:	For Village Use	Permit Number	Fee \$100	Issue Date	Exp. Date
Owner's Address:						
Contractor's Name:	Contractor's Telephone:					
Contractor's Address:						
Contractor's e-mail:						
Contact Person (normal hours and emergency):						

Attach copy of Contractor's Certificate of Insurance.

Native Tree & Shrub Selection (Select Species, Quantity, & Size)

Canopy Trees (1.5 in caliper)		Understory Trees (1.5 in caliper)		Shrubs (3.8 gal.)	
Species	Quantity & Size	Species	Quantity & Size	Species	Quantity & Size
Eastern White Pine		River Birch		Black Chokeberry	
Red Maple		Downy Serviceberry		Red Osier Dogwood	
Bitternut Hickory		Allegheny Serviceberry		American Hazel	
Shagbark Hickory		Common Witch-Hazel		Bush Honeysuckle	
Hackberry		Hawthorn		Eastern Wahoo	
Black Walnut		Blue Beech/Muscledwood		Bottonbush	
Sycamore		Redbud		Oakleaf Hydrangea	
White Oak		Pagoda Dogwood		Winterberry Holly	
Swamp White Oak		Ironwood		Spicebush	
Shingle Oak		Ohio Buckeye		Common Ninebark	
Bur Oak				Chokecherry	
Chinquapin Oak				Smooth Sumac	
Red Oak				Staghorn Sumac	
Pin Oak				Elderberry	
				Meadowsweet	
				Bladdernut	
				Maple Leaf Viburnum	
				Nannyberry Viburnum	
				Blackhaw Viburnum	
				High-bush Cranberry Viburnum	

Contractor Proposal/Contract, Invoice, & Applicant Reimbursement	For Village Use
1) Total amount invoiced by Contractor	\$
2) Total amount of Village reimbursement requested (50%: limit \$2,000)	\$

**Attach copy of executed Contractor proposal/contract and invoice

Owner Statement of Certification and Village Approval

I, owner of the property shown on the drawing in Riverwoods, Illinois, do hereby state that I am familiar with and certify that all work will be completed in accordance with the Program Eligibility Map/Plan and Contractor Specifications.		For Village Use	
Owner Signature:	Date:	Permit Sign Off Signature:	Date:
		Performance Standard Sign Off Signature:	Date:
Owner Printed Name:		Final Village Reimbursement Approval Signature:	Date: