



## Tree Removal Assistance Program

REVISED July 16, 2020

EFFECTIVE MAY 1, 2020 TO APRIL 30, 2021

The Village of Maywood is pleased to announce a Tree Removal Assistance Program to assist single-family homeowners with the removal of **dead, diseased, decayed, or nuisance trees from private properties.**

The program is being administered on a “first come – first served” basis, eligible homeowners may qualify for a **50% cost-share up to a maximum of \$750.00 per tree a maximum of (2) trees up to (\$1500.00) per fiscal year.**

The goal of the program is to encourage homeowners to improve their quality of life and enhance property values through the removal of dead, diseased, decayed, or nuisance trees from private properties. The Mayor and Village Board of Trustees budgeted \$50,000.00 from May 1, 2020, to April 30, 2021.

### **ELIGIBLE PROGRAM REIMBURSEMENTS**

- ✓ This program applies to all property owners.
- ✓ ALL WORK MUST BE PERFORMED BY A **LICENSED ARBORIST**

The success of the “Tree Removal Assistance Program” depends on following a clear set of guidelines set forth by the Village’s policy on which costs are eligible reimbursement.

### **Eligible Costs:**

Only the following costs, which were incurred after May 1, 2020, shall be eligible for consideration for reimbursement.

- ✓ It is the policy of the Village of Maywood, Mayor, and Board of Trustees to participate in the removal of **dead, diseased, decaying, or nuisance trees from**

**PRIVATE property** on a shared cost basis with the property owner by the procedures below.

- ✓ A property owner with a dead, diseased, decaying, or nuisance tree on PRIVATE property is eligible to participate in the “Tree Removal Assistance Program” whereby the Village of Maywood will share 50% up to (\$750.00) a tree removed to ground level. The annual maximum amount the Village will contribute to tree removal for a property owner is (\$750.00) per tree, a maximum of (2) trees up to (\$1500.00) per fiscal year.

**Non-Eligible Costs:**

- ✓ Please note stump removal/stump grinding, and healthy trees are not eligible for reimbursement under the Tree Removal Assistance Program.
- ✓ Replacement of trees is not eligible for this program.

**HOW TO APPLY**

The Village reserves the right to modify the administration of the Tree Removal Assistance Program, as well as policies, procedures, and rules adopted under this program.

The basic steps in the procedure for the overall program are as follows:

1. The property owner must complete the attached Tree Removal Assistance Application and submit to the Community Development Department.
2. The Property Owner must not be indebted to the Village.
3. The Property Owner shall submit a complete application and provide the following:
  - a) Proof of ownership and primary residency (Current Tax Bill or Mortgage Company Statement).
  - b) Provide photo Identification showing your property’s address.
  - c) Provide license plate numbers for all your vehicle.
  - d) Homeowner obtains a written proposal from a licensed arborist contractor to remove the tree.
  - e) A signed copy of the contract by the property owner needs to be submitted to the Village. (The Village reserves the right to reimburse based on the lowest quote given to the homeowner for reimbursement).
  - f) The Village shall not be a party to any contract related to the program.
  - g) Complete the attached Building Permit Application for construction.
  - h) The contractor is required to be licensed, bonded, and complete the attached contractor’s application.
4. After the documents are submitted the Village will perform a tree inspection, by our Public Works Department to determine if the tree(s) eligible for the Tree Removal Assistance Program.

5. The application shall be processed within (10) business days.
6. Village reviews application packet and formally replies to the property owner of approval or denial. The Village's response will identify the portions of the proposed improvement which are eligible, and which are not eligible as well as the maximum amount of eligible cost-sharing reimbursement.
7. The property owner shall provide the contractor with a copy of the Letter of Agreement and a copy of the program guidelines to ensure compliance with all project requirements. Failure to comply will prevent reimbursement of expenses.
8. All work must be completed with 90 days of the building permit being issued and if not completed the application shall be deemed withdrawn. The Community Development Department is authorized to grant one or more reasonable extensions.
9. The property owner and contractor shall follow all program requirements and schedule Village Inspection visits as required during construction. The Village shall inspect the improvement, maintain records of inspections, and approve the final installation. Tree removal shall not be performed, before the Village's approval.

### **HOW TO OBTAIN REIMBURSEMENT**

- a) The property owner shall submit the Request for Reimbursement voucher form with necessary certifications from the contractor that work was completed following Village Codes to the Village Inspector for review and approval.
- b) Following a successful final inspection and submittal of evidence of payment and a contractor's waiver of lien. The homeowner may seek reimbursement by submitting the attached reimbursement form and (W-9). Federal Tax Law requires the Village to send you 1099 at year-end.
- c) The Community Development shall review the Request for Reimbursement form, certify the eligible improvement costs, and requested reimbursement amount and forward the approved Request for Reimbursement to the Director of Community Development or his Designee for final approval and subsequent payment to the property owner by the Village Finance Department.
- d) The program is designed as a reimbursement program. Thus, the homeowner may seek reimbursement for work performed. The reimbursement checks should be available within (3) weeks).

### **QUESTIONS**

Any questions regarding the program please contact the Community Development Department at 708-450-4405 or email [Com-Dev@maywood-il.org](mailto:Com-Dev@maywood-il.org).



## TREE REMOVAL ASSISTANCE PROGRAM

### APPLICATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: (Cell) \_\_\_\_\_ (Home) \_\_\_\_\_

Provide the tree(s) locations: (Rear Yard)\_\_\_\_\_ (Side Yard)\_\_\_\_\_ Front Yard\_\_\_\_\_

How many trees will be removed? \_\_\_\_\_

### ADDITIONAL APPLICATIONS REQUIRED

Each of the following documents must be attached to this application for the property owner to proceed and for a permit to be issued:

Copy of a detailed contract from the contractor

Completed permit application forms (There is no permit fee for tree removal)

I certify that the information provided in this application is true and correct. I further certify that I have read and accepted the conditions and requirements stated in the PARTICIPATION REQUIREMENTS and GUIDELINE SPECIFICATIONS, which are attached to this application.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## TREE REMOVAL ASSISTANCE PROGRAM

### REIMBURSEMENT FORM

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: (Cell) \_\_\_\_\_ (Home) \_\_\_\_\_

Date work was completed: \_\_\_\_\_

Name of Contractor(s): \_\_\_\_\_

Village Final Inspection Date: \_\_\_\_\_

The total cost of work incurred: \_\_\_\_\_

(Attach proof of payment)

#### OWNER CERTIFICATION

I am the owner of the property indicated above and I certify that the information contained in this request for reimbursement is true and accurate.

\_\_\_\_\_

Signature

\_\_\_\_\_

Date



## TREE REMOVAL ASSISTANCE PROGRAM

### LETTER OF AGREEMENT

I understand and agree that the Village of Maywood established the Tree Removal Assistance Program to assist residents in protecting their homes from flooding due to sewer backups during a heavy rain event. "Tree Removal Assistance Program" whereby the Village of Maywood will share 50% up to (\$750.00) of the cost of having a tree removed to ground level. The annual maximum amount that the Village will contribute to tree removal for a property owner is (\$750.00) per tree, a maximum of (2) trees up to (\$1500.00), per fiscal year.

Before any tree removal, the proposal shall be submitted to the Village for review and approval. No work shall commence until Village approval is obtained and a permit is issued. The Village shall be notified to conduct two inspections:

1. Inspect the existing condition of the tree(s).
2. Conduct a final inspection to verify the tree(s) has been removed.

**Reimbursement** of eligible items at approved amounts will be made after work is completed, inspected, and approved by the Village. A completed Reimbursement Form must be completed and submitted with evidence of payment, contractor's waiver of lien, and a completed W-9 Federal Tax Form.

**Liability** – The Village shall have no liability for any defective work or other damage, injury, and/or loss on account of any act or omission of the Contractor in the performance of the work. The Homeowner shall make any claim for such matters directly against the Contractor or Contractor's insurance carrier. Homeowner hereby agrees to indemnify and hold Village harmless against all claims and further covenants not to sue the Village for all claims, as no system is failing safe.

**Disclaimer** – The Program is designed to substantially reduce the risk of having dead, diseased, decayed, or nuisance trees from private properties. However, there is always some risk of dead, diseased, decayed, or nuisance tree limbs falling causing damage or harm to human life or unforeseen factors. The homeowner and licensed contractor are responsible to ensure the safety of the public during the removal process.

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Signature

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Date

VILLAGE of MAYWOOD  
 COMMUNITY DEVELOPMENT DEPARTMENT  
 40 Madison Street, Maywood, IL. 60153  
 PH: (708) 450-4405 FAX: (708) 450-4893  
 www.maywood-il.org



OFFICE USE ONLY	
Date Filed	_____
Received By	_____
Permit #	_____
Fee Total \$	_____
Building Permit Fee	\$ _____
Enterprise Zone Cert	\$ _____
Plumbing Fee	\$ _____
Electrical Fee	\$ _____
HVAC Fee	\$ _____
Sewer Fee	\$ _____
Demolition Fee	\$ _____
Stop Work Fee	\$ _____
Senior Discount	\$ _____

## APPLICATION FOR BUILDING PERMIT

Job Address \_\_\_\_\_ Owner's Telephone # \_\_\_\_\_

Owner \_\_\_\_\_ Mailing Address \_\_\_\_\_

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> New Construction               | <input type="checkbox"/> Remodel Existing Finished Space | <input type="checkbox"/> Single-Family Attached |
| <input type="checkbox"/> Addition/New Living/Work Space | <input type="checkbox"/> Commercial                      | <input type="checkbox"/> Two-Family             |
| <input type="checkbox"/> Public Building                | <input type="checkbox"/> Repair                          | <input type="checkbox"/> Multiple-Family 3+     |
| <input type="checkbox"/> Garage                         | <input type="checkbox"/> Single-Family                   |   |

Dumpster: Yes No Historic Property: Yes No Zoning District: \_\_\_\_\_ Drawings submitted: Yes No

Square footage to be added or altered \_\_\_\_\_ Total job cost \_\_\_\_\_ Maywood License Number \_\_\_\_\_ State License Number \_\_\_\_\_ FEIN Number \_\_\_\_\_

Description of Job: \_\_\_\_\_

Architect	_____	_____	_____
	Name	Address	Telephone
General	_____	_____	_____
	Name	Address	Telephone
Carpenter	_____	_____	_____
	Name	Address	Telephone
Roofer	_____	_____	_____
	Name	Address	Telephone
Plumber	_____	_____	_____
	Name	Address	Telephone
HVAC	_____	_____	_____
	Name	Address	Telephone
Electrician	_____	_____	_____
	Name	Address	Telephone
Other	_____	_____	_____
	Name	Address	Telephone

NOTICE: The Community Development Department must be notified of any changes to the above information. Call 708.450.4405

Applicant's Signature \_\_\_\_\_ Applicant's Name (Printed) \_\_\_\_\_ Telephone \_\_\_\_\_ Fax \_\_\_\_\_

THE WORK PROVIDED BY THIS APPLICATION CONFORMS TO THE REQUIREMENTS OF THE BUILDING AND ZONING ORD. OF THE VILLAGE.

Approval of Zoning Officer \_\_\_\_\_ Date \_\_\_\_\_ Approval of Building Inspector \_\_\_\_\_ Date \_\_\_\_\_

THE WORK PROVIDED BY THIS APPLICATION CONFORMS TO THE REQUIREMENTS OF THE BUILDING ORD. OF THE VILLAGE.

Approval of Electrical Inspector \_\_\_\_\_ Date \_\_\_\_\_ Approval of Plumbing Inspector \_\_\_\_\_ Date \_\_\_\_\_

## Request for Taxpayer Identification Number and Certification

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

**Give Form to the  
requester. Do not  
send to the IRS.**

Print or type. See Specific Instructions on page 3.	<p><b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</p>	
	<p><b>2</b> Business name/disregarded entity name, if different from above</p>	
	<p><b>3</b> Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.</p> <p><input type="checkbox"/> Individual/sole proprietor or single-member LLC    <input type="checkbox"/> C Corporation    <input type="checkbox"/> S Corporation    <input type="checkbox"/> Partnership    <input type="checkbox"/> Trust/estate</p> <p><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____</p> <p><b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</p> <p><input type="checkbox"/> Other (see instructions) ▶ _____</p>	<p><b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p><small>(Applies to accounts maintained outside the U.S.)</small></p>
	<p><b>5</b> Address (number, street, and apt. or suite no.) See instructions.</p>	<p>Requester's name and address (optional)</p>
	<p><b>6</b> City, state, and ZIP code</p>	
	<p><b>7</b> List account number(s) here (optional)</p>	

<b>Part I Taxpayer Identification Number (TIN)</b>																																																																							
<p>Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i>, later.</p> <p><b>Note:</b> If the account is in more than one name, see the instructions for line 1. Also see <i>What Name and Number To Give the Requester</i> for guidelines on whose number to enter.</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="10" style="text-align: center;"><b>Social security number</b></td> </tr> <tr> <td style="width: 30px;"> </td><td style="width: 30px;"> </td><td style="width: 30px;"> </td><td style="width: 30px;"> </td><td style="width: 30px;"> </td><td style="width: 30px;"> </td><td style="width: 30px;"> </td><td style="width: 30px;"> </td><td style="width: 30px;"> </td><td style="width: 30px;"> </td> </tr> <tr> <td colspan="4" style="text-align: center;">-</td> <td colspan="2" style="text-align: center;">-</td> <td colspan="4"></td> </tr> <tr> <td colspan="10" style="text-align: center;"><b>OR</b></td> </tr> <tr> <td colspan="10" style="text-align: center;"><b>Employer identification number</b></td> </tr> <tr> <td style="width: 30px;"> </td><td style="width: 30px;"> </td><td style="width: 30px;"> </td><td style="width: 30px;"> </td><td style="width: 30px;"> </td><td style="width: 30px;"> </td><td style="width: 30px;"> </td><td style="width: 30px;"> </td><td style="width: 30px;"> </td><td style="width: 30px;"> </td> </tr> <tr> <td colspan="4" style="text-align: center;">-</td> <td colspan="6"></td> </tr> </table>	<b>Social security number</b>																				-				-						<b>OR</b>										<b>Employer identification number</b>																				-									
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-																																																																							

<b>Part II Certification</b>	
<p>Under penalties of perjury, I certify that:</p> <ol style="list-style-type: none"> <li>The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and</li> <li>I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and</li> <li>I am a U.S. citizen or other U.S. person (defined below); and</li> <li>The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.</li> </ol> <p><b>Certification instructions.</b> You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.</p>	

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*



VILLAGE of MAYWOOD  
 COMMUNITY DEVELOPMENT DEPARTMENT  
 40 Madison Street, Maywood, IL. 60153  
 PH: (708) 450-4405 FAX: (708) 450-4893  
 www.maywood-il.org



<b>OFFICE USE ONLY</b>
Date Filed _____
Reg. No. _____

## APPLICATION FOR MAYWOOD CONTRACTOR LICENSE

I hereby make application for a license as a contractor in Maywood under the provisions of Maywood Village Code Section 111.03.

### PART 1 – BUSINESS IDENTITY

**Business Trade (Working as):**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> General Contractor      | <input type="checkbox"/> Lead based Paint Removal<br>(USEPA Cert.) | <input type="checkbox"/> Roofing               |
| <input type="checkbox"/> Electrical Contractor   | <input type="checkbox"/> Masonry/Tuck Pointing                     | <input type="checkbox"/> Wrecking Contractor   |
| <input type="checkbox"/> HVAC Contractor         | <input type="checkbox"/> Roofing/General Contractor                | <input type="checkbox"/> Excavation Contractor |
| <input type="checkbox"/> Landscaper/Tree Removal |  | <input type="checkbox"/> Other _____           |

**Name of Business:** \_\_\_\_\_

Print the name under which business is conducted OR print your name and DBA if you are registered as an individual. The registration will be issued bearing the information listed above.

**Business Address:** \_\_\_\_\_  
STREET CITY STATE ZIP

**Business Phone:** \_\_\_\_\_ **Fax Number:** \_\_\_\_\_ **Number of Trucks/Trailers** \_\_\_\_\_

### PART 2 – BUSINESS PRINCIPALS – GIVE COMPLETE IDENTIFYING INFORMATION ON ALL OWNERS

Owners, Corporation, or LLC Name \_\_\_\_\_

Owners, Corporation, or LLC Address \_\_\_\_\_  
STREET CITY STATE ZIP

Principal Phone (\_\_\_\_) \_\_\_\_\_ Emergency Contact (\_\_\_\_) \_\_\_\_\_

Owners Driver's Lic # \_\_\_\_\_ State License # \_\_\_\_\_  
(IF APPLICABLE)

### PART 3 – FEE SCHEDULE

CONTRACTOR TYPE	INFORMATION REQUIRED	FEE
General Contractor	\$5,000 Bond; Certificate of Liability Insurance	\$100
Electrical Contractor	\$10,000 Bond; Certificate of Liability Insurance; License for a Testing Municipality or City of Chicago	\$ 70
Roofing Contractor	\$5,000 Bond; Certificate of Liability Insurance; State License; Driver's License	\$ 70
Roofing Contractor/ General Contractor	\$5,000 Bond; Certificate of Liability Insurance; State License; Driver's License	\$100
Excavation/Wreckers*	\$20,000 Bond; Certificate of Liability Insurance	

\*Excavation in the public right of way requires a \$10,000 restoration bond.

### FOR OFFICE USE ONLY

Contractor Fee \$ \_\_\_\_\_  
 Bond Expiration Date \_\_\_/\_\_\_/20\_\_\_  
 State License Expiration Date \_\_\_/\_\_\_/\_\_\_  
 Contractor License # \_\_\_\_\_

<b>PAYMENT STAMP</b>
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