



ADDRESS:

This checklist should be reviewed together with staff at the Planning and Building Counter and must be submitted with the application. Incomplete applications cannot be processed and will be returned to the applicant together with a checklist specifying the items that are incomplete.

- APPLICATION FORM** (One copy)
 - a) Cover Sheet with Applicant Signature.
- SUPPLEMENTAL APPLICATION** (One copy)
 - a) Findings for a Private Tree Removal.
 - b) Tree Evaluation Report (optional, must be prepared by an arborist).
- SITE PLAN** (One copy of site plan, a of 8.5" x 11", no larger than 11" x 17")
 - a) North arrow and drawing scale.
 - b) Project site address.
 - c) Property lines.
 - d) Existing structures with their uses labeled.
 - e) Location of tree requested for removal. Show full tree canopy and setbacks from tree trunk to property line and structures. Number each tree if multiple trees are proposed for removal.
 - f) Location of other trees and landscaped areas on property.
 - g) Topography (when applicable, such as in hillside areas).
- OWNERSHIP VERIFICATION** (One copy)
 - a) Copy of grant deed, utility bill or other proof of ownership.
 - b) Written consent from property owner to authorize another representative (if applicable).
- PHOTOS** (One set)
 - a) A minimum of four photos (varied angles) of the tree canopy including one from the public right-of-way. You may also include close-ups of any diseased branches or damaged structures.
- APPLICATION FEES (\$245)**

ADDITIONAL ITEMS:

In addition, the following items may be required by staff for submittal:

- LANDSCAPE PLAN** (Two sets - should include species, size and location of replacement trees)
- CERTIFICATE OF APPROPRIATENESS** (for Landmark Tree removals)
- OTHER ITEMS** _____



TREE- # _____

Supplemental Application for

PRIVATE TREE REMOVAL REQUEST

PERMIT # _____

PROJECT ADDRESS: _____

ZONING DESIGNATION: _____

REASON FOR REMOVAL: (provide a separate reason for each tree being removed on each corresponding form) _____

ARBORIST EVALUATION REPORT:

In order to make findings, it is recommended that an I. S. A Certified Arborist or I.S.A Registered Consulting Arborist evaluate the tree to be removed and submit the evaluation report (see attached form).

APPLICANT/OWNER INFORMATION:

Name of Applicant: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: (day) _____ Fax Number: _____ E-mail: _____

Name of Property Owner: (if different from applicant) _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: (day) _____ Fax Number: _____ E-mail: _____

TREE INFORMATION/TREE #1: (complete a separate "Additional Tree" form for each tree requested for removal)

Type of Protected Tree: Heritage Specimen Native Multi-trunk Other

Tree Species: _____

Common Name: _____

Tree diameter as measured 4.5 feet (DBH) above natural grade: _____ inches

Height: _____ feet, Spread: _____ feet, Number of trunks: _____

Location of Tree (i.e. front yard, rear yard, or east/west/south/north side yard): _____

Distance of tree trunk to the nearest property line. _____

CERTIFICATION: I hereby certify that I am the applicant or designated agent named herein and that I am familiar with the rules and regulations with respect to preparing and filing this petition for discretionary action, and that the statements and answers contained herein and the information attached are in all respects true and accurate to the best of my knowledge and belief.

Signature of Applicant or Agent: _____

Date: _____



PERMIT # _____

Supplemental Application for
PRIVATE TREE REMOVAL REQUEST

FINDINGS FOR A PRIVATE TREE REMOVAL:

The Planning and Building Director, or his or her designee, may issue a tree removal permit, only if he or she determines that the following requirements have been met:

Findings:

- a. The established tree or oak tree adversely impacts the growth of adjacent trees or constitutes a nuisance or a hazard to persons or property because of its condition, location, species, proximity to existing structures, closeness to walkways or interference with utilities; or
- b. The removal of the proposed established tree is part of a re-landscaping plan that the planning and building director finds will provide a tree canopy that is sustainable over the long term.

Please provide information that justifies the approval of your request. Use additional sheets if more space is necessary to complete your response. See Section 23.06.15 of the Municipal Code – Preservation of Trees Ordinance for any additional Code requirements. Approval of the removal of landmark and landmark-eligible trees shall follow the procedures for the removal of landmarks in Chapter 23.18.010 of the Zoning Code.

Company/Contractor: _____ CLSB License# _____
Business License _____

FOR STAFF USE ONLY

Case No.: _____ Total Fees Paid: \$ _____ Date Received: _____ Inspector: _____

APPROVED-DATE _____ **DENIED-DATE** _____

*EXPIRATION DATE OF PERMIT _____

*SPECIAL CONDITIONS _____

BELOW IS THE CONDITIONAL REQUIREMENT(S) OF PERMIT ISSUED:

PLANT _____ "BOX MINIMUM SIZE TREE(S) PLANT _____ "BOX MINIMUM SIZE TREE(S)

SPECIFIC TREE REQUIRED _____ SPECIFIC TREE REQUIRED _____

PLANT ___ 15 GALLON MINIMUM SIZE TREE(S) SPECIFIC TREE REQUIRED _____

PLANT ___ 15 GALLON MINIMUM SIZE SHRUBS(S)

AUTHORIZE SIGNATURE FOR CONDITION(S) OF REMOVAL

DATE



ARBORIST EVALUATION REPORT:

The following section is optional and not required as part of the submittal. However, in order to make findings for a tree removal, it is recommended that an arborist evaluation report be submitted. The arborist should complete one form per tree proposed for removal and attach a copy of their certification. Use additional sheets if more space is necessary to complete the responses. The arborist is not required to use this form, provided all of the information requested below is addressed.

ASCA/ISA Certified Arborist Name: _____

Certified Arborist Number: _____ Inspection Date: _____

TREE CHARACTERISTICS:

Species: _____
Genus Species Common Name

Tree ID#: _____ DBH: _____ # of trunks: _____ Height: _____ Spread: _____

Form: generally symmetric major asymmetry stump sprout stag-headed

Age: young semi-mature mature over-mature/senescent

Pruning: lion-tailed crown raised topped multiple pruning events cabled/braced
 flush cuts pollarded excessively thinned none

Amount of Deadwood: 0-10% 11-20% 21-30% over 30%

Location & Extent of Decay: _____

Known History of Failure: _____

Pests or Diseases: _____

Other Inspections: Decay Test Canopy Inspection Root Crown Excavation (limited)

Tree Condition Summary:



TREE- # _____

Supplemental Application for

PERMIT # _____

PRIVATE TREE REMOVAL REQUEST

SITE CONDITIONS:

Landscape Type: lawn shrub area natural hillside parkway courtyard

other _____

Surroundings: Tree overhangs/extends to adjacent property Tree is causing damage to structures

other _____

Irrigation conditions: none adequate inadequate excessive trunk wetted

Irrigation type: spray drip automatic manual other

Site Disturbance: none soil grade change construction chemical

% dripline paved _____ % dripline w/fill soil _____ % dripline with grade lowered _____

Soil Problems: none drainage shallow compacted saline

alkaline acidic clay expansive

Slope: none hillside under 20% hillside over 20% Slope aspect _____

Site prone to wind: yes no Prevailing wind direction: _____

Site Condition Summary:

OVERALL SUMMARY AND RECOMMENDATION:

Additional analysis attached

Photographs attached

CERTIFICATION: I hereby certify that I am a certified arborist and that I am familiar with the subject property and the trees being requested for removal, and that the statements and answers contained herein and the information attached are in all respects true and accurate to the best of my knowledge and belief.

Signature of Arborist

Date



SAN MARINO PLANNING AND BUILDING DEPARTMENT

<http://www.ci.san-marino.ca.us>

ADDITIONAL TREE- # _____

TREE INFORMATION: (complete a separate request for each tree being removed)

Type of Protected Tree: Heritage Specimen Native Multi-trunk Other

Tree Species:

Common Name:

Tree diameter as measured 4.5 feet (DBH) above natural grade: _____ inches

Height: _____ feet, Spread: _____ feet, Number of trunks:

Location of Tree (i.e. front yard, rear yard, or east/west/south/north side yard):

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SITE CONDITIONS:

Landscape Type: lawn shrub area natural hillside parkway courtyard
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Surroundings: Tree overhangs/extends to adjacent property Tree is causing damage to structures
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Irrigation conditions: none adequate inadequate excessive trunk wetted

Irrigation type: spray drip automatic manual other

Site Disturbance: none soil grade change construction chemical



SAN MARINO PLANNING AND BUILDING DEPARTMENT

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ADDITIONAL TREE- # _____

% dripline paved _____ % dripline w/fill soil _____ % dripline with grade lowered _____

Soil Problems: none drainage shallow compacted saline
 alkaline acidic clay expansive

Slope: none hillside under 20% hillside over 20% Slope aspect _____

Site prone to wind: yes no Prevailing wind direction: _____

Site Condition Summary:

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Location & Extent of Decay: _____

Known History of Failure: _____

Pests or Diseases: _____



SAN MARINO PLANNING AND BUILDING DEPARTMENT

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ADDITIONAL TREE- #

Other Inspections: Decay Test Canopy Inspection Root Crown Excavation (limited)

Tree Condition Summary:



**NOTICE AFFIDAVIT FOR A TREE
REMOVAL PERMIT**

I, _____ hereby certify that on _____ I installed a Notice of a tree removal at the property known as _____ for which a tree(s) removal application is being considered by the City of San Marino.

By signing this, I certify to posting the sign on the tree(s) scheduled for removal as part of the Tree Removal Permit No. _____.

I hereby declare that I have read and understand the requirements of City Code 23.06.15D6.

I hereby submit a photo of the sign as it was installed on the subject tree(s) and will submit additional certifications and photos if directed by City staff.

Furthermore, failure to adequately post and maintain the required sign on the property, fifteen (15) days prior to the scheduled removal will result in an automatic delay of the application.

SIGNATURE: _____ Date: _____

Please complete this affidavit and mail or deliver to:

City of San Marino, Planning and Building Department
2200 Huntington Drive, San Marino, CA. 91108

FOR OFFICE USE ONLY

CHECKED BY: _____ DATE: _____

POSTED DATE: _____ PHOTOS ATTACHED: _____

NOTICE OF TREE REMOVAL

TREE PERMIT # _____

Property Address _____

Estimated Removal Date _____

Company Name _____

Contractor's State License # _____

Contractor Contact # _____

City Business License # _____

Date of Initial Posting _____