



**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.*

**\*A COPY OF THE SIGNED/APPROVED PERMIT MUST BE POSTED AT THE SITE DURING THE WORK- FAILURE TO POST MAY RESULT IN A "STOP WORK NOTICE" BEING ISSUED.**

- 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** \_\_\_\_\_



**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 \_\_\_\_\_

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**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** \_\_\_\_\_



**TREE- #**

*Supplemental Application for*

**PRIVATE TREE REMOVAL REQUEST**

**PERMIT #**



**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

**PRIVATE TREE REMOVAL REQUEST**

**PERMIT #**

**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