



**SAN MARINO PLANNING AND BUILDING DEPARTMENT**

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

**ADDITIONAL TREES-#**

**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):

Distance of tree trunk to the nearest property line.

\_\_\_\_\_

**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

**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



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% 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:  
\_\_\_\_\_  
\_\_\_\_\_

**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: \_\_\_\_\_



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**ADDITIONAL TREES-#**

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

Tree Condition Summary:

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