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
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: ______________
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 ________________________

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

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: ___________________________
**ARBOРИST 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:**

<table>
<thead>
<tr>
<th>Species</th>
<th>Genus</th>
<th>Species</th>
<th>Common Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tree ID#: ______</td>
<td>DBH: ______</td>
<td># of trunks: ______</td>
<td>Height: ______</td>
</tr>
</tbody>
</table>

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:
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Rev: 5/20/19

PLANNING & BUILDING DEPARTMENT

2200 HUNTINGTON DRIVE
SAN MARINO, CA  91108

Phone: 626-300-0789
### 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 with 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:  

### 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  

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