Dear Applicant:

The City of San Marino is known for its magnificent mature trees. These trees are not only important for their beauty and environmental benefits but add considerable value to the City's residential properties. In order to ensure all required steps are followed for the potential tree(s) removals at your property, please read through and understand fully in order to avoid any delays when the application is submitted to staff for review/consideration. Allow for 7-10 days for staff review once application has been submitted/paid for.

*Confirmed dead established trees do require a permit and possible replacement tree(s) but are not subject to the application fee.*

Established Tree Definitions:

**ESTABLISHED TREE:** A tree that is not a Heritage Tree or an Oak Tree, that is at least fifteen feet (15') in height, and whose trunk diameter is at least six inches (6") at its widest point, when measured at a point four and one-half feet (4.5') above natural grade.

**HERITAGE TREE:** A tree that is at least fifteen feet (15') in height, and whose trunk diameter is at least four inches (4") at its widest point, when measured at a point four and one-half feet (4.5') above natural grade, and is one of the following: Platanus racemosa, Juglans californica, Sambucus nigra, Sambucus Mexicana, Aesculus californica, Salix lasiolepis, Populus fremontii, Alnus rhombifolia, Umbellularia californica, or Populus trichocarpa, Ginkgo biloba, Cedrus deodora, Pinus canariensis, Pinus halepensis, Pinus pinea, Pinus thunbergiana, Sequoia sempervirens, Taxodium mucronatum, Calocedrus decurrens, Cupressus sempervirens, Podocarpus gracillor, Magnolia grandiflora, Magnolia x soulangeana, Cinnamomum camphora, Persea americana, Liquidambar styraciflua, Ulmus parvifolia, Ficus microcarpa, Quercus agrifolia, Quercus engelmannii, Quercus ilex, Quercus lobata, Quercus suber, Brachychiton discolor, Brachychiton populneus, Chorisia speciosae, Arbutus unedo, Prunus caroliniana, Pyrus kawakami, Cassia spp, Ceratonia silique, Lagerstroemia indica, Callistemon spp, Eucalyptus citriodora, Melaleuca quinquenervia, Grevillea robusta, Cupaniopsis anacardioides, Koelreuteria spp, Schinus molle, Citrus sinensis, Fraxinus uhdei, Olea europaea, Jacaranda mimosiflora, Tabebuia spp, Brahea edulis, Butia capitata, Phoenix canariensis, Syagrus romanzoffianam, Washingtonia filifera, and Washingtonia robusta.

**MULTI-TRUNK:** Any tree with multiple trunks attributed to a single plant. The diameter of each trunk shall be measured at its widest point, when measured at a point four and one-half feet (4.5') feet above natural grade, and the combined trunk diameters shall be used to determine the tree's size for the purposes of this section.

**OAK TREE:** A tree that is at least fifteen feet (15') in height, and whose trunk diameter is at least four inches (4") at its widest point, when measured at a point four and one-half feet (4.5') above natural grade, and is of the genus Quercus, including, but not limited to, Quercus agrifolia (coast live oak), Quercus dumosa (coastal scrub oak), Quercus engelmannii (engelmann oak), Quercus berberidifolia (scrub oak), Quercus lobata (valley oak), and Quercus virginiana (southern live oak).
Following approval of a tree removal permit, and at least fifteen (15) days before the tree is scheduled for removal, the permittee shall provide written notice by personal delivery of the tree’s location, removal reason(s), as well as the date and time of the scheduled tree removal to the owners and occupants of all properties within a 100-foot radius of the site on which the subject tree is located.

Immediately following approval of tree removal permit, the permittee shall also post on the subject tree an 8.5 inch by 11 inch size notice, in a form and manner approved by the Planning and Building Director, for not fewer than fifteen (15) consecutive days. If the subject tree is not readily visible from the public right-of-way, notice shall instead be posted on the parcel on which the tree is located, in a location that is visible from, and within ten (10) feet of, the public right-of-way.

The permittee shall submit proof of the required noticing to the Planning and Building Director. No work is to begin until City staff has verified that notice was provided and posted as required.

The posted notice shall be removed upon completion of the tree removal work, or fifteen (15) days after the end of the ten (10) day posting period, whichever comes first.

* All work must be performed by a state licensed contractor with a current City business license. Business/Vehicle License-stickers are required to be on all vehicles at project site. Sticker must be visible for inspection by a Code Enforcement Officer. Sticker is not a parking permit.

Permit Expiration and Inspection: All work for which a tree removal permit is issued shall be completed within ninety (90) days from the date the permit is issued, unless the City grants one written extension for a period not to exceed thirty (30) days. The permittee shall, within seven (7) business days of the completion of the work, contact the Building and Planning Director and schedule a compliance inspection.

### TREE REPLACEMENT MATRIX

<table>
<thead>
<tr>
<th>TRUNK OF REMOVED TREE</th>
<th>REPLACEMENT TREES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diameter at Breast Height</td>
<td>Number/Size</td>
</tr>
<tr>
<td>4-8 inches</td>
<td>1-36&quot; box</td>
</tr>
<tr>
<td>9-12 inches</td>
<td>2-36&quot; box</td>
</tr>
<tr>
<td>13-18 inches</td>
<td>4-24&quot; box or 2-36&quot; box</td>
</tr>
<tr>
<td>19-36 inches</td>
<td>8-24&quot; box or 4-36&quot; box</td>
</tr>
<tr>
<td>37&quot; or greater</td>
<td>12-24&quot; box or 8-36&quot; box</td>
</tr>
</tbody>
</table>

Protected Heritage and Oak trees must be replaced with Heritage and Oak trees on the list of protected heritage trees

Protected specimen trees must be replaced with specimen or heritage trees on the list of protected heritage and specimen trees

Generally fruit and palm trees are not accepted tree replacements for any approved removals

The replacement tree(s) must be planted in accordance with all ISA Standards and Best Management Practices
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
SUPPLEMENTAL APPLICATION FOR
PRIVATE TREE REMOVAL REQUEST

PROJECT ADDRESS: ____________________________

ZONING DESIGNATION: ____________________________

REASON FOR REMOVAL: (provide a separate reason for each tree being removed)

________________________

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: (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: ____________________________

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: _____________

Rev: 5/09/18

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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)

AUTHORIZED SIGNATURE FOR CONDITION(S) OF REMOVAL DATE: ____________________________

________________________________

________________________________

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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: _____________________________

<table>
<thead>
<tr>
<th>Genus</th>
<th>Species</th>
<th>Common Name</th>
</tr>
</thead>
</table>

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: ___________________________________________

__________________________________________
__________________________________________
__________________________________________

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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 ________________

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TREES 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:
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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:

__________________________

__________________________

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:

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________
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____________________
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: ______________