



CITY OF SUNNYVALE

DEPARTMENT OF PUBLIC WORKS
PARKS AND TREES DIVISION

P.O. BOX 3707
SUNNYVALE, CA 94088-3707
(408) 730-7506



LIQUIDAMBAR REMOVAL PERMIT APPLICATION

Date: _____

Owner(s) Name: _____ Phone: _____

Owner(s) Address: _____

City, State, Zip: _____

Address of City Street Tree to be removed if different from above: _____

I/We, _____, am/are the property owner(s) of the aforementioned address, and I/we request a permit to remove one *Liquidamba sytraciflua* City street tree. It is understood that I/we shall replace at my/our expense with one new standard fifteen gallon nursery size _____ tree as designated by the Superintendent of Trees and Landscaping, within 30 days of removal, as authorized by City Council.

Contractor performing work: _____

Phone: _____ License Number: _____

Please be sure that you have attached the following items to this application:

- Contractors' proof of insurance (Workers' Compensation, Liability and Property Damage)
- Homeowners' proof of insurance (Liability and Property Damage)
- Check for \$25.00 made payable to the City of Sunnyvale (non-refundable)

Incomplete applications will be returned.

Owner/Applicant's signature

Date

THIS APPLICATION IS NOT A PERMIT