

TREE REMOVAL PERMIT APPLICATION
DEPARTMENT OF COMMUNITY DEVELOPMENT, PLANNING DIVISION



PLEASE TYPE OR PRINT LEGIBLY (PRESS HARD)

ADDRESS OF PROPERTY _____

ASSESSOR'S PARCEL NUMBER _____

PROPERTY Name _____

OWNER Address _____ City _____ Zip _____

Phone (Bus.) () _____ (Home) () _____

APPLICANT/ Name _____

CONTACT Address _____ City _____ Zip _____

PERSON Phone (Bus.) () _____ (Home) () _____

E-mail _____ Fax () _____

Number of trees to be removed: _____ Proposed removal date: _____

Location of tree(s) on property: _____

Type and size of tree(s): _____

Reason for removal (attach additional pages if needed): _____

Note: In order to process a Tree Removal Permit application, the City Arborist and Planning staff must enter your property to inspect the tree(s). By applying for a Tree Removal Permit, you are consenting to an on-site inspection. If you would like to be notified prior to inspection or would like to be present, please check the box below. Be advised that this request is likely to delay the processing time of your application.

Check box to be notified prior to inspection:

 Property Owner's Name (Print)

 Property Owner's Signature

 Date

OFFICE USE ONLY

File No. _____

Accepted by _____

Application Date _____

Inspection Date _____

Fee: \$ _____

Receipt # _____

Check # _____

Credit # _____

Cash

DENIED APPROVED APPROVED WITH THE FOLLOWING CONDITIONS:

1. Plant replacement tree(s) within 90 days - Number: _____ Size: _____

2. _____

3. _____

By: _____

Director of Community Development

 Date