



APPLICATION TREE REMOVAL

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GENERAL INFO	LOCATION OF PROJECT (ADDRESS)	ASSESSOR'S PARCEL NUMBER(S)	ZONING
	NAME OF PROPOSED PROJECT		GENERAL PLAN DESIGNATION
	APPLICANT NAME*	BUSINESS PHONE () -	HOME PHONE () -
	APPLICANT ADDRESS	CITY STATE ZIP	EMAIL
	APPLICANT REPRESENTATIVE	BUSINESS PHONE () -	HOME PHONE () -
	APPLICANT REPRESENTATIVE ADDRESS	CITY STATE ZIP	EMAIL
	PROPERTY OWNER NAME* (SIGNATURE REQUIRED BELOW)	BUSINESS PHONE () -	HOME PHONE () -
PROPERTY OWNER ADDRESS	CITY STATE ZIP		

* In the case of a partnership, all general and limited partners shall be identified. In the case of a corporation, all shareholders owning 10% or more of the stock and all officers and directors shall be identified. Please use the [Partnerships & Corporations](#) form.

DESCRIPTION OF TREES TO BE REMOVED OR ALTERED										
PROJECT INFO	LOCATION KEY	NUMBER OF TREES	ESTIMATED HEIGHT	CIRCUMFERENCE 4 1/2" FROM GROUND	TYPE OF TREE	HERITAGE TREE	REASON FOR REMOVAL / ALTERATION - CHECK APPROPRIATE BOX BELOW AND EXPLAIN DETAILS IN SPACE BELOW "F"			
	A					<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> DEAD <input type="checkbox"/> DISEASED	<input type="checkbox"/> HAZARDOUS <input type="checkbox"/> NUISANCE	<input type="checkbox"/> RESTRICTING DEVELOPMENT <input type="checkbox"/> OTHER	
	B					<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> DEAD <input type="checkbox"/> DISEASED	<input type="checkbox"/> HAZARDOUS <input type="checkbox"/> NUISANCE	<input type="checkbox"/> RESTRICTING DEVELOPMENT <input type="checkbox"/> OTHER	
	C					<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> DEAD <input type="checkbox"/> DISEASED	<input type="checkbox"/> HAZARDOUS <input type="checkbox"/> NUISANCE	<input type="checkbox"/> RESTRICTING DEVELOPMENT <input type="checkbox"/> OTHER	
	D					<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> DEAD <input type="checkbox"/> DISEASED	<input type="checkbox"/> HAZARDOUS <input type="checkbox"/> NUISANCE	<input type="checkbox"/> RESTRICTING DEVELOPMENT <input type="checkbox"/> OTHER	
	E					<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> DEAD <input type="checkbox"/> DISEASED	<input type="checkbox"/> HAZARDOUS <input type="checkbox"/> NUISANCE	<input type="checkbox"/> RESTRICTING DEVELOPMENT <input type="checkbox"/> OTHER	
	F					<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> DEAD <input type="checkbox"/> DISEASED	<input type="checkbox"/> HAZARDOUS <input type="checkbox"/> NUISANCE	<input type="checkbox"/> RESTRICTING DEVELOPMENT <input type="checkbox"/> OTHER	
DETAILED EXPLANATION OF REASONS FOR REMOVAL:										
SUBMITTAL INFORMATION					SITE INFORMATION					
<input type="checkbox"/> SCALE DRAWING IDENTIFYING TREES BY LOCATION KEY (ABOVE)					VACANT PARCEL			<input type="checkbox"/> YES <input type="checkbox"/> NO		
<input type="checkbox"/> VICINITY MAP WITH NORTH ARROW					EXISTING DEVELOPMENT			<input type="checkbox"/> YES <input type="checkbox"/> NO		
<input type="checkbox"/> PHOTOGRAPHS OF TREE(S) <input type="checkbox"/> NEIGHBORHOOD CONTEXT MAP					PROPOSED DEVELOPMENT			<input type="checkbox"/> YES <input type="checkbox"/> NO		
<input type="checkbox"/> NOTE: CERTIFIED ARBORIST REPORT MAY BE REQUIRED (SEE STAFF FOR REQUIREMENTS)					PROPOSED TREE REPLACEMENT:					
<p>PROPERTY OWNER'S CONSENT - I declare under penalty of perjury that I am the owner of said property or have written authority from property owner to file this application. I certify that all of the submitted information is true and correct to the best of my knowledge and belief. I understand that any misrepresentation of submitted data may invalidate any approval of this application.</p> <p style="text-align: center;">X _____</p>										

DEPT	APPLICATION:	RECEIVED BY	DATE	FEE RECEIVED \$	RECEIPT NUMBER
	PUBLIC HEARING:	<input type="checkbox"/> REQUIRED <input type="checkbox"/> EXEMPT	DATE	FEE RECEIVED \$	RECEIPT NUMBER
	ENVIRONMENTAL REVIEW:	<input type="checkbox"/> REQUIRED <input type="checkbox"/> EXEMPT CLASS	DATE	FEE RECEIVED \$	RECEIPT NUMBER