



CITY OF
FOLSOM
DISTINCTIVE BY NATURE

CITY OF FOLSOM

Community Development Department, 50 Natoma Street, Folsom, CA 95630

TG _____ - _____

TREE PERMIT APPLICATION

Applicant Information:

Name:	Phone: ()	Cell: ()
Address:	Fax: ()	

Property Owner Information (if different):

Name:	Phone: ()	Cell: ()
Address:	Fax: ()	

Owner/Agent Statement

Property Owner Consent – I am the legal owner of record of the land specified in this application or am authorized and empowered to act as an agent on behalf of the owner of record on all matters relating to this application. I declare that the foregoing is true and correct and accept that false or inaccurate owner authorization may invalidate or delay action on this application.

Owner's Signature (required):

Date:

Project Information:

☐ Residential ☐ Multi-family ☐ Commercial ☐ Industrial ☐ Other _____

Address:	
Assessor's Parcel #:	Related Project #:
Subdivision Name:	Lot #:
Tree Species:	Trunk Diameter(s):
Location of tree(s):	Dogs? (If tree is in fenced yard) <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for Tree Permit: <input type="checkbox"/> Pruning live wood under 2", <input type="checkbox"/> Pruning live wood over 2" **, <input type="checkbox"/> Removal, <input type="checkbox"/> work within or near TPZ*, <input type="checkbox"/> Dead Tree	
<input type="checkbox"/> other reason for tree removal or tree work _____	
Tree Protected by: <input type="checkbox"/> Species, <input type="checkbox"/> Location, <input type="checkbox"/> Size, <input type="checkbox"/> Landmark Tree, <input type="checkbox"/> Condition of Approval, <input type="checkbox"/> other _____	

*Tree Protection Zone (defined by the longest dripline branch + 1 foot as the radius of a circle) ** ISA Certified Arborist # _____ if pruning protected oaks
If a company / corporation is doing tree work in the City of Folsom, it is required that they have a City Business License # _____ and be current

APPLICANT SIGNATURE: _____

Date: _____

***** OFFICE USE ONLY *****

Date Processed:	Receipt Number:	Tree Permit Number:
Arborist Report attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	Homeowner information attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	
City Arborist comments & conditions:		
<input type="checkbox"/> Compliance Deposit: \$	<input type="checkbox"/> Mitigation plan <input type="checkbox"/> In-lieu Fee <input type="checkbox"/> Combination <input type="checkbox"/> N/A	
<input type="checkbox"/> In-lieu fee, amount from City form:\$	Mitigation planting plan attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Tree Permit fee \$	Exempt per FMC 12.16.060(B): <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> APPROVED Fines or fees \$		
<input type="checkbox"/> Current City of Folsom Business license <input type="checkbox"/> ISA Certified Arborist number is current		
<input type="checkbox"/> DENIED (Reason for denial):		
Authorized Signature: _____		Date: _____
City Arborist/City Planner		

Fax (916) 355-7274 attention: City Arborist
City Arborist cellular (916) 220-3016
Email: kmenzer@folsom.ca.us