CITY OF FOLSOM TG _____-___

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

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) ☐ **Yes** ☐ **No**
Reason for Tree Permit: ☐ Pruning live wood under 2", ☐ Pruning live wood over 2" **, ☐ Removal, ☐ work within or near TPZ*, ☐ Dead Tree	
☐ other reason for tree removal or tree work_____	
Tree Protected by: ☐ Species, ☐Location, ☐Size, ☐Landmark Tree, ☐Condition of Approval, ☐ 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? ☐ Yes ☐ No	Homeowner information attached? ☐ Yes ☐ No	
City Arborist comments & conditions:		
☐ Compliance Deposit: $	☐ Mitigation plan ☐ In-lieu Fee ☐ Combination ☐ N/A	
☐ In-lieu fee, amount from City form:$	Mitigation planting plan attached? ☐ Yes ☐ No	
Tree Permit fee $	Exempt per FMC 12.16.060(B): ☐ **Yes** ☐ **No**	
☐ **APPROVED** Fines or fees $		
☐ **Current City of Folsom Business license** ☐ **ISA Certified Arborist number is current**		
☐ **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