



**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

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:		
Exempt per FMC 12.16.060(B): <input type="checkbox"/> Yes <input type="checkbox"/> No	<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 \$	<input type="checkbox"/> <b>COMPLIANCE DEPOSIT: \$</b>	
<input type="checkbox"/> <b>APPROVED</b> Fines or fees \$		
<input type="checkbox"/> <b>DENIED</b> Reason for denial:		
Authorized Signature: _____		Date: _____
City Arborist/City Planner		

Fax (916) 355-7274 attention: City Arborist  
 City Arborist cellular (916) 220-3016