



CITY OF FOLSOM
Community Development Department, 50 Natoma Street, Folsom, CA 95630



TREE PERMIT APPLICATION

Applicant Information:

Name:	Phone: ()	Cell: ()
Address:	Email:	

Property Owner Information (if different) or Same information as above

Name:	Phone: ()	Cell: ()
Address:	Email:	

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 Info: Permit \$ Cash Check @ pickup No \$ **Permit delivery:** US Mail to _____

Residential Multi-family Commercial Industrial Will call

Site Address:	
Tree Species:	Trunk Diameter(s): (NOT circumference)
Tree Species:	Trunk Diameter(s): (NOT circumference)
Subdivision name: <input type="checkbox"/> Empire Ranch <input type="checkbox"/> Other	Convert circumference to diameter: $C / 3.1415 = D$
Location of tree(s) on this property:	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 2" & over** <input type="checkbox"/> Removal <input type="checkbox"/> Work within or near TPZ* <input type="checkbox"/> Dead Tree[\$0 fee]	
<input type="checkbox"/> Mechanical system @ tree (cabling, bracing, bolting, guying or propping) <input type="checkbox"/> other reason for tree removal or tree care work _____	
Tree(s) Protected by <input type="checkbox"/> Species, 3 native oaks <input type="checkbox"/> Size <input type="checkbox"/> "street tree" <input type="checkbox"/> Parking lot shade tree <input type="checkbox"/> Landmark Tree <input type="checkbox"/> Condition of Approval	

*Tree Protection Zone (defined by the longest dripline branch + 1 foot as the radius of a circle) ** ISA Certified Arborist # _____ if pruning protected oaks
 Any company / corporation performing any type tree work in the City of Folsom is required to have a current City of Folsom Business License # _____

➔ APPLICANT SIGNATURE: _____ **Date:** _____

▶▶▶▶▶▶▶▶ CITY OF FOLSOM OFFICIAL USE ONLY ◀◀◀◀◀◀◀◀

Date Processed:	Receipt Number:	Tree Permit Number:
Arborist's Report attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	Property owner information attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	
City Arborist comments & conditions:		
Required number of "street trees": _____ PL for "street trees": <input type="checkbox"/> Sidewalk w/ curb <input type="checkbox"/> Sidewalk only <input type="checkbox"/> Curb only <input type="checkbox"/> Nothing		
<input type="checkbox"/> Replacement "street tree(s)" &/or parking lot tree(s) required @ final inspection		
<input type="checkbox"/> Compliance Deposit: \$	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	
<input type="checkbox"/> \$34 prior to starting work or \$400 after-the-fact 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"/> Plant & establish _____ #15 trees, _____ 24" boxed trees	
<input type="checkbox"/> DENIED (Reason for denial):	<input type="checkbox"/> ISA Certified Arborist _____ required	
Authorized Signature: _____	Date: _____	
City Arborist		

Fax (916) 355-7274 attention: City Arborist
City Arborist phone: (916) 220-3016
 ...or scan and email to: kmenzer@folsom.ca.us