

TREE PERMIT REMOVAL APPLICATION

Project Information

Project Name: _____

Site Address: _____ Assessor's Parcel Number(s): _____

Applicant Name: _____

Address: _____

Email Address: _____ Phone Number: _____

Applicant Signature: _____

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.

Property Owner's Signature _____

APPLICATION SUBMITTAL REQUIREMENTS

REQUIRED APPLICATION FORMS:

- Tree Permit Checklist (All pages of this form)

REQUIRED PROJECT INFORMATION:

Indicate below each of the required documents or plan set components that have been prepared and submitted for this application. **See instructions on the following page for those requirements.**

PROJECT DOCUMENTS:

- Arborist Report*
- Color Photographs of the Subject Tree(s)
- Tree Removal Site Plan

*May be required, see plan sheet requirements and document requirements linked below

Is this an emergency? **Yes No.** If yes, include photos or an Arborist Report demonstrating immediate hazard to life and/or property.

Description of Trees to be Removed or Altered							
Location Key	# of Trees	Estimated Height	Circumference	Type of Tree	Reason for Removal		
A					<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"/> 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"/> 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"/> 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"/> 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"/> 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 Reason(s) for Removal:

Proposed Tree Replacement. City Code Chapter 17-24 permits or requires the replacement of trees. Please indicate your proposed tree replacement option: Replanting (# and Species) _____ In-lieu fee (\$100/tree removed)

Electronic Signature Disclosure:

I understand and agree that (i) electronically signing and submitting any document(s) to the City of Santa Rosa legally binds me in the same manner as if I had signed in a non-electronic or non-digital form, and (ii) the electronically stored copy of my signature, any written instruction or authorization and any other document provided to me by the City of Santa Rosa, is considered to be the true, accurate and legally enforceable record in any proceeding to the same extent as if such documents were originally generated and maintained in printed form. I agree not to contest the admissibility or enforceability of the City of Santa Rosa’s electronically stored copy of any other documents.

By using the system to electronically sign and submit any document, I agree to the terms and conditions of this Electronic/Digital Signature Disclosure.

Signature: _____ Date: _____
Name: _____ Relationship to Project: _____
Company/Organization: _____

REQUIRED FEES:

Use the City’s online [Fee Schedule](#) to determine your project’s required Application Fee(s).

INSTRUCTIONS FOR APPLICATION REQUIREMENTS

ALL Required Project Information must comply with the City’s [Universal Digital File Standards](#).

PROJECT DOCUMENTS – All documents must reflect the [document requirements](#). Use the [document requirements](#) to determine if you should include that document.

TREE PERMIT INFORMATION & PROCESS

The City of Santa Rosa finds that trees contribute greatly to the health, safety and general welfare of all of the City’s citizens and that the preservation is a matter of citywide concern. Santa Rosa recognizes and finds that trees provide great aesthetic benefits, offer windbreaks, provide summer shade, noise abatement, and privacy screening, erosion control, act as filters against airborne pollutants, release oxygen, are wildlife habitats, and prevent landslides through their root systems. All trees perform these functions for the property on which they are growing. Trees of significant size and maturity perform these functions for all persons living in their vicinity. Trees are key elements in a living system the boundaries of which do not conform to the arbitrary property lines of individual lots and parcels and upon which the continued health and welfare of this community depends. In addition, trees in the community and in a neighborhood provide a sense of identity and tradition and enhance property values.

The tree removal permit process helps to protect certain trees that are an essential part of the City’s natural heritage, referred to in this chapter as heritage trees, wherever they may be growing in the City, while, at the same time, recognizing an individual property owner’s right to utilize his or her land in a way that is otherwise allowed by law.

This Tree Removal Permit is required for the removal of trees without any additional Planning Applications being required. If tree removals are proposed along with additional development, those trees shall be identified for removal on the Design Review, Tentative Map, or Landmark Alteration Applications.

Please review the [City’s Tree Ordinance](#) prior to submitting this application.



DISCLOSURE FORM

Project Title: _____
 (Include site address)

Please provide the name of each individual, partnership, corporation, LLC, or trust who has an interest in the proposed land use action. Include the names of all applicants, developers, property owners, and each person or entity that holds an option on the property.

- Individuals: Identify all individuals
- Partnerships: Identify all general and limited partners
- Corporations: Identify all shareholders owning 10% or more of the stock and all officers and directors (unless the corporation is listed on any major stock exchange, in which case only the identity of the exchange must be listed).
- LLCs: Identify all members, managers, partners, officers and directors.
- Trusts: Identify all trustees and beneficiaries.
- Option Holders: Identify all holders of options on the real property.

Full Name:	Address:

In addition, please identify the name of each civil engineer, architect, and consultant for the project.

Full Name:	Address:

Additional names and addresses attached: Yes No

The above information shall be promptly updated by the applicant to reflect any change that occurs prior to final action.

I certify that the above information is true and correct: _____
Applicant Date