



**CITY OF ARCADIA  
PROTECTED TREE PERMIT  
REMOVAL OF HEALTHY TREES(S)**

TRH \_\_\_\_\_

**PLEASE COMPLETE THE FOLLOWING INFORMATION (REQUIRED) :**

PROJECT ADDRESS \_\_\_\_\_

**APPLICANT(S) NAME** \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

TELEPHONE NO. \_\_\_\_\_

**PROPERTY OWNER(S) NAME** \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

TELEPHONE NO. \_\_\_\_\_

**\*\*\*PLEASE ANSWER THE THREE QUESTIONS ON PAGE 2\*\*\***

**THE APPLICANT AND PROPERTY OWNER HEREBY DECLARE UNDER PENALTY OF PERJURY THAT ALL THE INFORMATION SUBMITTED FOR THIS APPLICATION IS TRUE AND CORRECT.**

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PROPERTY OWNER'S SIGNATURE

\_\_\_\_\_  
DATE

**ACTION TAKEN**

**APPROVED**

**CONDITIONALLY APPROVED**

**DENIED**

**CONDITIONS/REASONS FOR DENIAL:** \_\_\_\_\_

**BY:** \_\_\_\_\_ **DATE:** \_\_\_\_\_ **EXPIRATION:** \_\_\_\_\_

THERE IS A TEN (10) DAY APPEAL PERIOD FOR THIS APPLICATION. APPEALS MUST BE SUBMITTED IN WRITING TO THE COMMUNITY DEVELOPMENT DIVISION WITH A \$600.00 APPEAL FEE BY \_\_\_\_\_ P.M. ON \_\_\_\_\_.

DATE FILED \_\_\_\_\_ RECEIPT NO. \_\_\_\_\_ PAID \_\_\_\_\_ RECEIVED BY \_\_\_\_\_

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**PLEASE ANSWER THE FOLLOWING QUESTIONS:**

A separate sheet may be attached if necessary

Note: Section 9110.01.070.A.2 of the Development Code requires that all of the following questions be answered in detail to explain why the Protect tree(s) need to be removed

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**1. Why is it necessary to remove the tree(s)?**

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**2. Why is removal of the tree(s) more desirable than an alternative project design?**

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**3. What mitigation measures are included in the project to compensate for the loss of the protected tree(s)?**

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## FILING REQUIREMENTS

In order for this application to be processed without any delay, the application must include all of the following materials. To ensure that your application package is complete, please check-off the boxes next to the required application materials.

- Completed application form
- An Ownership Disclosure is required if the property is owned by a corporation, partnership, trust, or non-profit. The disclosure must reveal the agent for service of process or an officer of the ownership entity. The disclosure must list the names and addresses of all the owners and you must attach a copy of the current corporate articles, partnership agreement, trust, or non-profit document, as applicable.
- Filing Fee - \$912
- One (1) PDF and one (1) hard copy of a report completed by independent Certified Arborist<sup>1</sup>. The report must include an evaluation and determination on the condition/health of the Protected tree(s) proposed to be removed. Alternatives to the removal, mitigation measures, and recommendations for replacement tree(s) should also be incorporated if warranted. The application will not be accepted without the Arborist's report.

<sup>1</sup> The Arborist must be certified by the International Society of Arboriculture. A list of local Certified Arborists is available from Planning Services.
- Photographs of the subject tree(s)
- Two (2) scaled site plans (11" x 17" maximum size) and a PDF version that shows the following:
  - The entire subject property identifying the species of all the Protected trees with their diameters and circumferences at a height of approximately 54 inches above the root crown.
  - All existing and proposed improvements, and all Protected trees on the property with their driplines/canopy edges accurately depicted.
- A 300 foot radius map and a mailing list in an Excel format and one set of labels. The mailing list must be in an Excel format and saved on a CD or flash drive. Each lot must be consecutively numbered to correspond to the property owners list, map and Excel spreadsheet.

The spreadsheet must identify the following fields: 1) Assessor's Parcel Number; 2) Property Owner's Name; 3) Mailing Address; 4) City, State, and Zip Code. Each column heading must be in the same order as listed above.

*The names and addresses of current property owners may be obtained at the Los Angeles County Assessor's office.*

*Alternatively, applicants may retain the services of a mapping consultant to generate the radius map, labels and electronic address list on an Excel spreadsheet on their behalf. A list of local mapping consultants may be obtained at the Planning Services offices.*
- A separate label sheet, providing 3 labels each for the property owner, applicant, architect, contractor, and anyone else with an interest in the project that is to be contacted/copied with any relevant correspondence.
- If the subject property is within a City-designated Homeowners Association area, the plans submitted for this application must be stamped "Approved" by the respective Architectural Review Board and their findings indicating their action with respect to the proposed project and Protected tree removal must accompany this application.

Alternatively, if the proposed development is only subject to a Short Review from the City-designated Homeowners Association, then a copy of the approved Short Review application must accompany this application.

**AFFIDAVIT**

STATE OF  
CALIFORNIA CITY OF  
ARCADIA  
COUNTY OF LOS ANGELES

I, \_\_\_\_\_ hereby certify that  
the

(print name)

attached list contains the names and addresses of all persons to whom all property is assessed as they appear on the latest available equalized assessment roll of the County of Los Angeles, within the area described on the attached application and for the required distance of notification from the exterior boundaries of the property described on the attached application. I also certify that the subject site described on the attached application contains no illegal lot splits or other divisions of land not specifically authorized by the City of Arcadia.

I certify under penalty of perjury that the foregoing is true and correct.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_