



CITY OF  
ARCADIA

TRD \_\_\_\_\_

# PROTECTED TREE PERMIT REMOVAL OF DEAD, DISEASED AND/OR HAZARDOUS TREES

**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 FOLLOWING:**

ACCORDING TO AN INDEPENDENT EVALUATION BY A CERTIFIED ARBORIST, THE SUBJECT PROTECTED TREE(S) IS/ARE:

DISEASED       HAZARDOUS       DEAD

**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 \_\_\_\_\_

RECEIVED BY \_\_\_\_\_

## 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.
- One (1) PDF and one (1) hard copy of a report completed by an independent Certified Arborist.<sup>1</sup> The report must include an evaluation and determination regarding the condition/health of all Protected tree(s) that are to be removed. Recommendations for replacement tree(s) should also be incorporated. 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)
- A scaled site plan (11" x 17" maximum size) and a PDF version that shows the following:
  - The location of the Protected tree(s) with their diameters and circumferences at a height of approximately 54 inches above the root crown. The driplines/canopy edges of the Protected tree(s) must be accurately depicted.
  - All existing and proposed improvements on the subject site.