

ATTACHMENT A:

Applications



PASADENA PERMIT CENTER
www.cityofpasadena.net/permitcenter

Application Form for
LANDMARK TREE DESIGNATION

PROJECT ADDRESS: 2900 East Del Mar Boulevard, Pasadena, California 91107
ZONING DESIGNATION: _____

APPLICANT/OWNER INFORMATION:

Name of Applicant: Aurora Las Encinas Hospital
Address: 2900 East Del Mar Boulevard, Pasadena, CA 91107
Phone #: (day) (626) 795-9901 Fax #: _____ E-mail: etolonen@signaturehc.com
Name of Property Owner: Aurora Las Encinas Hospital Company: _____
Address: 2900 East Del Mar Boulevard,
City: Pasadena State: CA Zip: 91107

TREE INFORMATION: (complete a separate request for each tree being nominated)

Location of Tree: front yard rear yard side yard corner side yard public right-of-way
Tree Species: Leptospermum laevigatum
Common Name: Australian tea tree (tree no. 406)
Tree diameter as measured 4 1/2 feet above natural grade: 32.1 converted inches
Height: 20 feet feet, Spread: 35 feet feet, # of trunks: 3

REASON FOR NOMINATION: (on a separate sheet of paper, answer one or more of the following criteria, which will be used to make a decision by the City).

- 1) Describe how/why the tree is one of the largest or oldest trees of the species location in the City;
- 2) Describe how/why the tree has historical significance due to an association with a historic building, site, street, person or event; and/or
- 3) Describe how/why the tree is a defining landmark or significant outstanding feature of a neighborhood.

CERTIFICATION: I hereby certify that I am the applicant or designated agent named herein and that I am familiar with the rules and regulations with respect to preparing and filing this petition for discretionary action, and that the statements and answers contained herein and the information attached are in all respects true and accurate to the best of my knowledge and belief.

Signature of Applicant or Agent: _____ Date: _____

Activity #: _____	Case #: _____	Total Fees Paid \$ _____	→FOR STAFF USE ONLY←
Date received: _____	Received by: _____	Deemed complete: _____	Mtg./Decision Date: _____
Level of review required:	<input type="checkbox"/> Cultural Heritage	<input type="checkbox"/> Other _____	
Type of notification required:	<input type="checkbox"/> No public notification	<input type="checkbox"/> Notices mailed within a _____ foot radius	



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Name of Property Owner: Aurora Las Encinas Hospital Company: _____

Address: 2900 East Del Mar Boulevard,

City: Pasadena, State: CA Zip: 91107

TREE INFORMATION: (complete a separate request for each tree being nominated)

Location of Tree: front yard rear yard side yard corner side yard public right-of-way

Tree Species: Quercus agrifolia (TREE # 843)

Common Name: Coast live oak

Tree diameter as measured 4 1/2 feet above natural grade: 57 inches

Height: 50 feet, Spread: 70 feet, # of trunks: 1

REASON FOR NOMINATION: (on a separate sheet of paper, answer one or more of the following criteria, which will be used to make a decision by the City).

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TREE INFORMATION: (complete a separate request for each tree being nominated)

Location of Tree: front yard rear yard side yard corner side yard public right-of-way

Tree Species: Quercus agrifolia (TREE # 947)

Common Name: Coast live oak

Tree diameter as measured 4 ½ feet above natural grade: 49 inches

Height: 60 feet, Spread: 80 feet, # of trunks: 1

REASON FOR NOMINATION: (on a separate sheet of paper, answer one or more of the following criteria, which will be used to make a decision by the City).

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