



Submittal Checklist for PRIVATE TREE REMOVAL REQUEST

This checklist should be reviewed together with a Planner at the Permit Center and must be submitted with the application. Incomplete applications cannot be processed and will be returned to the applicant together with a checklist specifying the items that are incomplete.

- APPLICATION FORM** (three sets)
 - a) Cover Sheet with Applicant Signature.

- SUPPLEMENTAL APPLICATION** (three sets)
 - a) Findings for a Private Tree Removal.
 - b) Tree Evaluation Report (optional, must be prepared by an arborist).

- SITE PLAN** (one full size set and five 8-1/2" x 11" reduced copies)
 - a) Applicant name, address and phone number.
 - b) North arrow and drawing scale.
 - c) Project site address.
 - d) Property lines.
 - e) Existing structures with their uses labeled.
 - f) Location of tree requested for removal. Show full tree canopy and setbacks from tree trunk to property line and structures. Number each tree if multiple trees are proposed for removal.
 - g) Location of other trees and landscaped areas on property.
 - h) Topography (when applicable).

- OWNERSHIP VERIFICATION** (one copy)
 - a) Copy of grant deed, utility bill or other proof of ownership.
 - b) Written Consent from property owner to authorize another representative (if applicable).

- PHOTOS** (two sets)
 - a) A minimum of four photos (varied angles) of the tree canopy including one from the public right-of-way. You may also include close-ups of any diseased branches or damaged structures.

- APPLICATION FEES**

ADDITIONAL ITEMS:

In addition, the following items may be required by the Planner for submittal:

- LANDSCAPE PLAN** (three sets -- should include species, size and location of replacement trees)

- CERTIFICATE OF APPROPRIATENESS** (for Landmark Tree removals)

- OTHER ITEMS** _____



Application Form for
PRIVATE TREE REMOVAL REQUEST

PROJECT ADDRESS: _____

ZONING DESIGNATION: _____

REASON FOR REMOVAL: (provide a separate reason for each tree being removed)

APPLICANT/OWNER INFORMATION:

Name of Applicant: _____

Address: _____

Phone #: (day) _____ Fax #: _____ E-mail: _____

Name of Property Owner: _____ Company: _____

Address: _____

City: _____ State: _____ Zip: _____

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

Type of Protected Tree: landmark specimen native

Tree Species: _____

Common Name: _____

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

Height: _____ feet, Spread: _____ feet, # of trunks: _____

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"/> Director of Planning and Development	<input type="checkbox"/> Cultural Heritage	<input type="checkbox"/> Design Commission
	<input type="checkbox"/> Hearing Officer	<input type="checkbox"/> Other _____	
Type of notification required:	<input type="checkbox"/> No public notification	<input type="checkbox"/> Notices mailed within a _____ foot radius	



Supplemental Application for **PRIVATE TREE REMOVAL REQUEST**

Project Address: _____

Case # _____

FINDINGS FOR A PRIVATE TREE REMOVAL:

The applicant must thoroughly respond to one of the six (6) findings below for review of the tree removal request. Provide an answer to the most applicable finding. Only one finding must be made. Use additional sheets if more space is necessary to complete your response. See Section 8.52.075 'City Trees and Tree Protection' for Code requirements.

1. Describe how/why there is a public benefit, or a health, safety or welfare benefit, to the injury or removal that outweighs the protection of the specific private tree (public benefit means a public purpose, service or use which affects residents as a community and not merely as particular individuals – see Section 8.52.020 of the Code for further discussion).
2. Describe how/why the present condition of the private tree is such that it is not reasonably likely to survive.
3. Describe the objective feature of the private tree that makes it not suitable for protection as a specimen, native or landmark tree.
4. Describe how/why there is a substantial hardship to the property owner in the enjoyment and use of the real property if the injury or removal of the private tree is not permitted.
5. Describe how/why the protection of the private tree would constitute a taking of the underlying real property.
6. Describe if the project includes a landscape design plan, which will result in a private tree canopy coverage of greater significance than the private tree canopy coverage being removed, within a reasonable time after completion of the project (trees must be spaced to allow adequate room for walkways, building foundations and other obstructions, and to allow sufficient room for root and canopy growth). “Project” means any proposal for new or changed use, alteration or enlargement of any structure that is subject to Pasadena Municipal Code Title 17.

TR-SUP Rev: 1/10/07



Supplemental Application for
PRIVATE TREE REMOVAL REQUEST

Project Address: _____

Case # _____

OPTIONAL TREE EVALUATION REPORT:

The following section is optional and not required as part of the submittal. However, if the following is thoroughly completed by a certified arborist, the tree removal permit fees may be reduced by half. The arborist should complete one form per tree proposed for removal and attach a copy of their certification. Use additional sheets if more space is necessary to complete the responses. The arborist is not required to use this form, provided all of the information requested below is addressed.

ASCA/ISA Certified Arborist Name: _____

Certified Arborist Number: _____ Inspection Date: _____

TREE CHARACTERISTICS:

Species: _____

Genus Species Common Name

Tree ID#: _____ DBA: _____ # of trunks: _____ Height: _____ Spread: _____

Form: [] generally symmetric [] major asymmetry [] stump sprout [] stag-headed

Age: [] young [] semi-mature [] mature [] over-mature/senescent

Pruning: [] lion-tailed [] crown raised [] topped [] multiple pruning events [] cabled/braced
[] flush cuts [] pollarded [] excessively thinned [] none

Amount of Deadwood: [] 0-10% [] 11-20% [] 21-30% [] over 30%

Location & Extent of Decay: _____

Known History of Failure: _____

Pests or Diseases: _____

Other Inspections: [] Decay Test [] Canopy Inspection [] Root Crown Excavation (limited)

Tree Condition Summary:

SITE CONDITIONS:

Landscape Type: lawn shrub area natural hillside parkway courtyard
 other _____

Surroundings: Tree overhangs/extends to adjacent property Tree is causing damage to structures
 other _____

Irrigation conditions: none adequate inadequate excessive trunk wetted

Irrigation type: spray drip automatic manual other

Site Disturbance: none soil grade change construction chemical

% dripline paved _____ % dripline w/fill soil _____ % dripline with grade lowered _____

Soil Problems: none drainage shallow compacted saline
 alkaline acidic clay expansive

Slope: none hillside under 20% hillside over 20% Slope aspect _____

Site prone to wind: yes no Prevailing wind direction: _____

Site Condition Summary:

OVERALL SUMMARY AND RECOMMENDATION:

Additional analysis attached

Photographs attached

CERTIFICATION: I hereby certify that I am a certified arborist and that I am familiar with the subject property and the trees being requested for removal, 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 Arborist

Date