

Name:

CONTRACTOR /TRADESMAN Phone/Email:

Business License No.:

Address:

Project Address:

PROJECT

	OFFICE USE ONLY	
CASE NO:		
DATE RECEIVED: _		
RECEIVED BY:		

JAN 2019

Description of W	CONTACT INFORM	ATION
APPLICANT	Name:	AHON
	Phone/Email:	
	Address:	
PROPERTY OWNER	Name:	
	Phone/Email:	
	Address:	

INFORMATION

I have read and received a copy of the Summary of the City's Pruning Guidelines (attached) for Street Trees, Mature Significant Trees, and Specimen (Heritage) Trees.

		_
Applicant's Signature	Date	

SUBMITTAL REQUIREMENTS

	Certificates of Appropriateness Tree Trimming. Please note that the City te applications. All documents and exhibits listed below are required at	
☐ PLOT PLAN (2 sets)		
Plot Plan should indicate the location of	f all trees proposed to be trimmed.	
 PROPERTY OWNER'S AFFIDAVIT PHOTOGRAPHS OF ALL TREES TO BE TRIMMED Photographs may be submitted as hard copies or (preferred) digital copies. 		
PROPERTY	OWNER(S) CERTIFICATION	
I hereby certify that I am (we are) the record owner(s) [fo application and, hereby consent to process this application	or property tax assessment purposes] of the property encompassed by this on.	
PROPERTY OWNER SIGNATURE		
APPLICATION: APPROVED	DENIED	
Approved: (Approved work is specifically limited to of the permit on-site and be able to produce it upon	o the project description on this form. Applicant should keep a copy n request of any City Official.)	
City Arborist Pre-trimming Review	 Date	
Planner	 Date	
Expiration Date:	(60 days from project approval date unless otherwise specified)	