



# Heritage Tree Removal Permit Application

This application must be submitted with the Arborist Form

Submit application forms to 701 Laurel Street, Menlo Park, CA 94025

Application No. \_\_\_\_\_

Purpose of application: Removal  Pruning of more than 25%

Permit Fee: \$135.00 (each tree, up to 3 trees); \$90 each additional tree (separate forms required for each tree)

**PLEASE PRINT CLEARLY**

Site Address: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_ Phone \_\_\_\_\_ FAX \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Email: \_\_\_\_\_

Signature of property owner authorizing access and inspection of tree in his/her absence:

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

Type of Tree: \_\_\_\_\_ Location on property: \_\_\_\_\_

Reasons for Request:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IF TREE IS DAMAGING STRUCTURE PLEASE ATTACH PHOTOS DEMONSTRATING DAMAGE.**

**Are you considering any construction on your property in the next 12 months?** Yes  No

If yes, please submit additional information describing what type of construction is planned and a site plan.

- Tree may not be removed (or pruned over 25%) unless and until the applicant has received final permission from the City as indicated below.
- The signed permit approval form must be on site and available for inspection while the tree work is being performed.
- A suitable replacement tree, 15 gallon size or larger with a mature height of 30 feet or more, is to be installed in the time frame indicated below.

-----PLEASE DO NOT WRITE BELOW THIS LINE -----

PERMIT APPROVED  PERMIT DENIED

**TIMING OF REMOVAL**

- Upon receipt of this approved permit
- After applying for a Building Permit for associated construction

**TIMING OF REPLANTING**

- Within 30 days of Heritage Tree removal
- Prior to final building inspection of associated construction

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print name and title: \_\_\_\_\_



# Arborist Form

Please complete one form for each tree. Mark each tree with colored ribbon or tape prior to our inspection.

Site Address:

\_\_\_\_\_

**ARBORIST INFORMATION:**

Name of Certified Arborist \_\_\_\_\_

ISA or ASCA number: \_\_\_\_\_ Menlo Park Business License number: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_ Email: \_\_\_\_\_

**TREE INFORMATION:**

Date of Inspection: \_\_\_\_\_

Common Name: \_\_\_\_\_ Botanical Name: \_\_\_\_\_

Location of Tree: \_\_\_\_\_ Height of Tree: \_\_\_\_\_

Diameter of tree at 54 inches above natural grade: \_\_\_\_\_

Circumference of tree at 54 inches above natural grade \_\_\_\_\_

**Condition of Tree:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**If recommending removal or pruning, please list all reasons:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Suggested Replacement Tree:**

\_\_\_\_\_

Signature of Arborist: \_\_\_\_\_ Date: \_\_\_\_\_