



CITY OF OCEANSIDE

Building Division

300 N Coast Highway

Oceanside, CA 92054

760-435-3950

www.ci.oceanside.ca.us



Mobile Home Hazardous Tree Inspection Application

ADDRESS (include Space #)	LOCATON OF TREE	APPLICATION NO.
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NAME	MAILING ADDRESS (STREET, CITY, ZIP)	PHONE
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CONTACT PERSON:	PHONE NO.:	E-MAIL:
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DESCRIBE THE HAZARD CAUSED BY THE TREE:

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1 hour fee due at time of application. In the event of further assessment of the tree is needed, additional inspection fees will be required. FEE: 1st Hour\$ 196.00 2nd Hour\$ 82.00 <input type="text"/> Initial	Department may require additional information to be submitted by a licensed arborist at the expense of the applicant prior to removal of any tree. <input type="text"/> Initial
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I certify under penalty of perjury that I have read this application and state that the information hereon is correct. I agree to comply with all City, County and State laws and hereby authorize representatives of the City of Oceanside to enter upon the above referenced property for inspection purposes.	APPLICANT NAME (PRINT)	<input type="checkbox"/> HOME OWNER <input type="checkbox"/> PARK OWNER
	APPLICANT SIGNATURE	