



PRIVATE TREE REMOVAL APPLICATION

This checklist should be reviewed together with staff at the Planning and Building Counter 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** (One copy)
 - a) Cover Sheet with Applicant Signature.
- SUPPLEMENTAL APPLICATION** (One copy)
 - a) Findings for a Private Tree Removal.
 - b) Tree Evaluation Report (optional, must be prepared by an arborist).
- SITE PLAN** (One copy of site plan, a minimum of 8.5" x 11", no larger than 11" x 17")
 - a) North arrow and drawing scale.
 - b) Project site address.
 - c) Property lines.
 - d) Existing structures with their uses labeled.
 - e) 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.
 - f) Location of other trees and landscaped areas on property.
 - g) Topography (when applicable, such as in hillside areas).
- 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** (One set)
 - 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 (See Fee Resolution)**

ADDITIONAL ITEMS:

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

- LANDSCAPE PLAN** (Two sets - should include species, size and location of replacement trees)
- CERTIFICATE OF APPROPRIATENESS** (for Landmark Tree removals)
- OTHER ITEMS** _____



City of San Marino

PROJECT ADDRESS: _____

ZONING DESIGNATION: _____

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

ARBORIST EVALUATION REPORT:

In order to make findings, it is recommended that a certified arborist evaluate the tree to be removed and submit the evaluation report (see attached form).

APPLICANT/OWNER INFORMATION:

Name of Applicant: _____ Company: _____

Address: _____ City: _____ State: _____ Zip: _____

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

Name of Property Owner: (if different from applicant) _____

Address: _____

City: _____ State: _____ Zip: _____

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

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 4.5 feet (DBH) above natural grade: _____ inches

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

Location of Tree (i.e. front yard, rear yard, or east/west/south/north side yard):

Distance of tree trunk to the nearest property line.

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: _____



FINDINGS FOR A PRIVATE TREE REMOVAL:

The Planning and Building Director, or his or her designee, may issue a tree removal permit, only if he or she determines that the following requirements have been met:

Findings:

- a. The established tree or oak tree adversely impacts the growth of adjacent trees or constitutes a nuisance or a hazard to persons or property because of its condition, location, species, proximity to existing structures, closeness to walkways or interference with utilities; or
- b. The removal of the proposed established tree is part of a re-landscaping plan that the planning and building director finds will provide a tree canopy that is sustainable over the long term.

Please provide information that justifies the approval of your request. Use additional sheets if more space is necessary to complete your response. See Section 23.19.01 of the Municipal Code – Preservation of Trees Ordinance for any additional Code requirements. Approval of the removal of landmark and landmark-eligible trees shall follow the procedures for the removal of landmarks in Chapter 23.18.010 of the Zoning Code.

FOR STAFF USE ONLY	
Case No.: _____	Total Fees Paid: \$ _____
Date Received: _____	Inspector: _____
<u>APPROVED</u>	<u>DENIED</u>
*EXPIRATION DATE OF PERMIT _____	
*SPECIAL CONDITIONS _____	
<u>BELOW IS THE CONDITIONAL REQUIREMENT(S) OF PERMIT ISSUED:</u>	
<input type="checkbox"/> PLANT _____ "BOX MINIMUM SIZE TREE(S)	<input type="checkbox"/> PLANT _____ "BOX MINIMUM SIZE TREE(S)
<input type="checkbox"/> SPECIFIC TREE REQUIRED _____	<input type="checkbox"/> SPECIFIC TREE REQUIRED _____
<input type="checkbox"/> PLANT ___ 15 GALLON MINIMUM SIZE TREE(S)	<input type="checkbox"/> SPECIFIC TREE REQUIRED _____
<input type="checkbox"/> PLANT ___ 15 GALLON MINIMUM SIZE SHRUBS(S)	



ARBORIST EVALUATION REPORT:

The following section is optional and not required as part of the submittal. However, in order to make findings for a tree removal, it is recommended that an arborist evaluation report be submitted. 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#: _____ DBH: _____ # 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