

City of Saratoga Tree Permit Application

City Arborist, Kate Bear - (408) 868-1276 • 13777 Fruitvale Ave, Saratoga, CA 95070

OFFICE USE ONLY:	
Date Received: _____	Permit No.: <u>TRP</u>
Status of Permit: _____	
Deadline to appeal denial of permit: _____ Expiration date for approval of permit: _____	

Property Owner: _____ Phone: (hm) _____ (wk) _____

Mailing Address: _____

Address where work will be performed: _____

Nearest Cross Street: _____ Tree Company Performing Work: _____

I understand that the tree(s) may be removed, pruned, or encroached upon, only according to the criteria established by Article 15-50 of the City code, and that by signing this form, I am agreeing to the conditions of the permit. If trees are requested for removal, my signature certifies that they are located solely on my property.

Signature of Property Owner _____ Date _____

Tree Removal permits are required for the removal of the following trees*:

1. **Native Trees with a DBH (diameter at breast height-4 ½ feet above the ground) of 6" or greater (19" in circumference).**
2. **Other trees with a DBH of 10" or greater (31" in circumference measured 4 ½ feet above the ground).**
3. **Any street tree (tree within a public street or right of way) regardless of size.**
4. **Any Heritage tree (tree designated by HPC and CC) regardless of size.**

***EXCEPTION:** If trees are to be removed in conjunction with a project, an Arborist Deposit is required. Call for information.

Please list all trees below. Indicate if the tree is to be removed, if it is to be pruned in excess of 25%, or if work that does not require a building permit will occur underneath its canopy, by checking the appropriate column.

Species	Prune >25% <input checked="" type="checkbox"/>	Encroach <input checked="" type="checkbox"/>	Remove <input checked="" type="checkbox"/>	Reason

Location of Trees: Prepare a small site plan in the area below, showing all trees to be removed from the property; include dimensions from property lines and existing structures.

FEES PAID: _____ RECEIPT NO: _____

Permit cost for pruning >25% **OR** removal: \$100.00

Make checks payable to the City of Saratoga

Permit cost for encroachment: Arborist Deposit

Tree Removal Permits will be held for a period of ten days after inspection approval pursuant to Saratoga Municipal Code section 15-90.050(a) for any interested party to appeal the administrative decision to the Planning Commission. P:\Kbear\Tree Removal Permits\Forms\treeapp(10.30.08).doc

CITY OF SARATOGA
13777 FRUITVALE AVE, SARATOGA, CA 95070

APPLICANT: _____	PERMIT # _____
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To Be Completed By A Field Inspector

Notification Required

APPROVED

This tree removal permit is APPROVED in accordance with Article 15-50 of the City Code based on the following:

	Meets Criteria	Does Not Meet Criteria
The tree is DEAD	<input type="checkbox"/>	<input type="checkbox"/>
The condition of the tree with respect to disease, imminent danger of falling, proximity to the structures and interference with utility services.	<input type="checkbox"/>	<input type="checkbox"/>
The necessity to remove the tree because of physical damage or threatened damage to improvements or impervious surfaces on the property.	<input type="checkbox"/>	<input type="checkbox"/>
The topography of the land and the effect of the removal upon erosion, soil retention and the diversion or increased flow of surface waters.	<input type="checkbox"/>	<input type="checkbox"/>
The number, species, size and location of the existing trees in the area and the effect the Removal would have upon shade, privacy impact, scenic beauty, property values, erosion control, and the general welfare in the area.	<input type="checkbox"/>	<input type="checkbox"/>
The age and number of healthy trees on the property is able to support according to good forest practices.	<input type="checkbox"/>	<input type="checkbox"/>
Whether or not there are any alternatives that would allow for retaining or not encroaching on a protected tree.	<input type="checkbox"/>	<input type="checkbox"/>
Whether the approval of the request would be contrary to or in conflict with the general purpose or intent of Article 15-50.	<input type="checkbox"/>	<input type="checkbox"/>
The necessity to remove the tree for economic or other enjoyment of the property when there is no other feasible alternative to the removal.	<input type="checkbox"/>	<input type="checkbox"/>

Conditions of Approval: _____

PERMIT EXPIRATION DATE: _____

- Replacement tree(s) shall be planted within 3 months from the approval date. The City will re-inspect to ensure compliance with all conditions of approval.

DENIED

This tree removal permit is DENIED for the following reasons: _____

Signature of Inspector _____	Date of Inspection _____
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Effective Date of Permit

Community Development Representative

CITY OF SARATOGA
TREE ENCROACHMENT PERMIT (PAGE 2)
13777 FRUITVALE AVE, SARATOGA, CA 95070

APPLICANT:	PERMIT #:
ADDRESS:	PHONE:
SIGNATURE OF OWNER:	DATE:

If tree to be encroached upon is not on applicant's property, please have tree(s) owner fill out next section.

Statement of Owner of Tree(s): _____

Signature of Tree(s) Owner: _____ Date: _____

APPROVED PERMIT EXPIRATION DATE: _____

This tree encroachment permit is APPROVED in accordance with Article 15-50 of the City Code based on the following:

Conditions of Project:

DENIED

This tree encroachment permit is DENIED in accordance with Article 15-50 of the City Code base on the following:

Reasons for Denial: _____

Effective Date of Permit

Community Development Representative