



PROTECTED TREE REMOVAL PERMIT APPLICATION



**PARKS & RECREATION DEPARTMENT
850 BURLINGAME AVENUE
BURLINGAME, CA 94010
(650) 558-7330**

The undersigned owner of the property at:

ADDRESS: _____

(print or type)

hereby applies for a permit to remove or prune more than 1/3 of the crown or roots of the following protected tree(s):

SPECIES _____ CIRCUMFERENCE _____

LOCATION ON PROPERTY _____

WORK TO BE PERFORMED _____

REASON WORK IS NECESSARY _____

(please use back of form for additional comments)

OWNER _____

NOTE: A PHOTOGRAPH OF THE TREE(S)
MUST BE SUBMITTED ALONG WITH A
\$50.00 CHECK TO: CITY OF BURLINGAME
*Attach any supporting documentation you may have
(Example: Report from an Independent Arborist).*

ADDRESS _____

PHONE (____) _____

PERMIT

This permit allows the applicant to remove or prune the above listed tree(s) in accordance with the provisions of the Urban Reforestation and Tree Protection Ordinance (Municipal Code Chapter 11.06). By signing this permit, the applicant acknowledges receipt of a copy of Chapter 11.06, and agrees to comply with its provisions and all conditions listed below; and that all appeals have expired or been resolved.

OWNER _____

ARBORIST _____

PARKS & RECREATION DIRECTOR _____

CONDITIONS: _____ 24 - inch box size landscape tree(s) will be required and may be planted anywhere on the property. If conditions are not met within the allotted time as specified in Section 11.06.080, payment of \$400 for each tree into the tree replacement fund will be required.

_____ NO replacement(s) required. Contact the Parks Division at (650) 558-7330 when removal(s) completed.

DATE PERMIT EFFECTIVE _____ PERMIT EXPIRES _____

This work should be done by qualified tree professionals and a copy of this permit must be available at the job site at all times when work is being performed.