

Permit # \_\_\_\_\_

Fee \$50.00



**CITY OF LOS ALTOS**  
ONE NORTH SAN ANTONIO ROAD  
LOS ALTOS, CALIFORNIA 94022  
TELEPHONE: (650) 947-2750

**PRIVATE PROPERTY TREE REMOVAL**

Complete this form and return to: City of Los Altos  
Planning Division  
One North San Antonio Road  
Los Altos, California 94022

Applicant: \_\_\_\_\_

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

Phone #: (home) \_\_\_\_\_ (work) \_\_\_\_\_

Property Owner (if different from applicant): \_\_\_\_\_

Type of Tree(s): \_\_\_\_\_

Tree Location Address: \_\_\_\_\_ APN#: \_\_\_\_\_ - \_\_\_\_\_  
(if different from above)

Tree Location on Property: \_\_\_\_\_

Tree Height: \_\_\_\_\_ Tree Circumference at 48-inches above grade: \_\_\_\_\_

Do you have a One-story home? \_\_\_\_\_ Two-story home? \_\_\_\_\_

Has there been any construction work on the property since April 23, 1993? \_\_\_\_\_

Do you anticipate any construction on the property in the near future? \_\_\_\_\_

**REASON FOR REMOVAL REQUEST**

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

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

**For City Staff Use Only:**

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

Fee paid: \$ \_\_\_\_\_

Staff Evaluation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Conditions or Comments: \_\_\_\_\_

\_\_\_\_\_

# [ ] Replacement Tree(s) Required YES [ ] NO [ ]

If so, Type, Size and Location: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Request Approved [ ] Request Denied [ ]

\_\_\_\_\_  
City Official

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

NOTES: