

# HERITAGE TREE APPLICATION

CITY OF SAN MATEO  
Department of Parks and Recreation  
330 W. 20th Ave., San Mateo CA 94403  
Phone: 650-522-7420  
Fax: 650-522-7421  
Chapter 10.52 S.M.M.C.

DATE \_\_\_\_\_

The undersigned owner of the property at \_\_\_\_\_  
(address - print or type)

daytime phone \_\_\_\_\_, hereby applies for permission to remove \_\_\_\_\_ or to trim \_\_\_\_\_  
more than 25% of the living foliage, or 1/3<sup>rd</sup> of the root system:

Kind \_\_\_\_\_ Number of trees \_\_\_\_\_

Location (front, rear, side) \_\_\_\_\_

Reason for removal: \_\_\_\_\_

I understand that there is a \$300.00 tree planting deposit that will be returned when I meet the tree replacement conditions OR, when I pay into the City of San Mateo Tree Planting Fund an amount equal to the value of a replacement tree, as determined by the Superintendent of Landscape Resources, in accordance with San Mateo Municipal Code Chapter 10.52. If I do not meet the permit conditions within 6 months of the permit date, I understand that the \$300.00 deposit will be placed into the Tree Planting Fund to cover costs of planting a tree in the City of San Mateo, and for necessary inspections or other administrative costs.

Diameter of trunk \_\_\_\_\_ inches.  
(Measured at 4 feet above ground)

**NOTE:** PLEASE COMPLETE AND SUBMIT ALL COPIES. FORM MUST BE SIGNED BY OWNER OF PROPERTY. THERE IS A \$50 FEE FOR APPROVED PERMIT. IT IS NOT REQUIRED THAT THE HOMEOWNER BE PRESENT DURING INSPECTION, UNLESS PETS OR LOCKED GATES PREVENT ACCESS TO TREE.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

## PERMIT

GRANTED  By: \_\_\_\_\_  
CITY OF SAN MATEO, PARKS AND RECREATION DEPARTMENT \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS: \_\_\_\_\_

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REPLACEMENT OF TREE(S) OR PAYMENT OF EQUAL VALUE IN LIEU OF REPLACEMENT  
IS REQUIRED BY SAN MATEO MUNICIPAL CODE SECTION 10.52

This permit must be available at site of work at all times when work is being done.