



City of San Ramon
 Planning Services, 2401 Crow Canyon Road, San Ramon, CA 94583
 Telephone: 925.973.2560 Fax: 925.838.3231

Res. \$200.00
Non-Res. \$350.00
or \$1,500.00

TREE REMOVAL APPLICATION GENERAL INFORMATION		
LOCATION OF PROJECT (ADDRESS)	Office Use	APN NUMBER
		ZONING
		GP DESIGNATION
NAME OF PROPOSED PROJECT	BUSINESS PHONE ()	HOME PHONE ()
APPLICANT ADDRESS	CITY	STATE
APPLICANT REPRESENTATIVE	BUSINESS PHONE ()	HOME PHONE ()
APPLICANT REPRESENTATIVE ADDRESS	CITY	STATE
PROPERTY OWNER NAME (SIGNATURE REQUIRED)	BUSINESS PHONE ()	HOME PHONE ()
PROPERTY OWNER ADDRESS	CITY	STATE

DESCRIPTION OF TREES TO BE REMOVED						
SITE KEY	NO.OF TREES	TYPE OF TREE	ESTIMATED HEIGHT	DIAMETER AT 54" ABOVE GRADE	(<input type="checkbox"/>) MARK REASON(S) FOR REMOVAL	
A					<input type="checkbox"/> Dead <input type="checkbox"/> Diseased	<input type="checkbox"/> Hazardous <input type="checkbox"/> Nuisance
B					<input type="checkbox"/> Dead <input type="checkbox"/> Diseased	<input type="checkbox"/> Restricts development <input type="checkbox"/> Other/describe below
C					<input type="checkbox"/> Hazardous <input type="checkbox"/> Nuisance	<input type="checkbox"/> Restricts development <input type="checkbox"/> Other/describe below
D					<input type="checkbox"/> Dead <input type="checkbox"/> Diseased	<input type="checkbox"/> Restricts development <input type="checkbox"/> Other/describe below
E					<input type="checkbox"/> Hazardous <input type="checkbox"/> Nuisance	<input type="checkbox"/> Restricts development <input type="checkbox"/> Other/describe below
DESCRIBE REASON FOR REMOVAL:						

SUBMITTAL INFORMATION. See staff to determine which requirements apply.	
<input type="checkbox"/> SCALE DRAWING IDENTIFY TREE BY LOCATION KEY ABOVE	<input type="checkbox"/> VICINITY MAP WITH NORTH ARROW
<input type="checkbox"/> PHOTOGRAPH OF TREE(S)	<input type="checkbox"/> OTHER

PROPERTY OWNER'S CONSENT READ BEFORE SIGNING *	I declare under penalty of perjury that I am the owner of said property or have written authority from property owner to file this application. I certify that all of the submitted information is true and correct to the best of my knowledge and belief. I understand that any misrepresentation of submitted data may invalidate any approval of this application.
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APPLICANT'S SIGNATURE:		DATE:		
OFFICE USE	Received by:	Date:	Fee Received \$:	Receipt Number:
REVIEW REQUIRED	<input type="checkbox"/> Exempt	<input type="checkbox"/> Public Hearing	<input type="checkbox"/> Envir. Review	<input type="checkbox"/> Other (Describe)
APPROVAL	Planning Approval by:	Date Approved:	Public Works review by:	Date reviewed: