



Community Development/Parks Department  
 124 N. Cloverdale Blvd.  
 Cloverdale, CA 95425  
 Contact: (707) 894-1707  
 Website: www.cloverdale.net

## TREE REMOVAL PERMIT APPLICATION

Applicant Name:		Permit Number:	
Applicant Mailing Address (street number and name, city, state, zip code):			
Phone No:		E-mail Address:	
<b>Tree Information</b>			
Address of Property (street number and name, city, state, zip code):			
Assessor's Parcel Number:			
Tree Location on Site (check all that apply): <input type="checkbox"/> Front Yard <input type="checkbox"/> Back Yard <input type="checkbox"/> Side Yard <input type="checkbox"/> Other:			
Number of Trees Requested for Removal:			
Reason for Removal:			
Tree Species (if known):			
<b>Submittal Requirements</b>			
Site Plan showing location, existing structures, etc.			
Arborist Report prepared by a certified arborist (may be subject to peer review if Town arborist is not used, cost to be paid by applicant)			
Color Photos (digital or paper) of tree(s) to be removed.			
Property Owner authorization (signature on permit below or written authorization)			
Tree Hazard Evaluation Form (when requested by Town staff)			
<b>Owner/Applicant Statement</b>			
1. In compliance with the City of Cloverdale zoning ordinance, I am requesting permission to remove tree(s) from the property as described above. I understand that there are criteria that must be satisfied to be issued a permit to remove a tree.			
2. I understand that removal of a protected tree is strictly prohibited until the City of Cloverdale authorizes removal through this permit. I am the property owner (or have provided written authorization from the property owner) of the above referenced property where tree removal is being requested. I understand that I am responsible for payment of any peer review fees associated with the arborist report. I further understand that removal of a protected tree without express written authorization may subject me to fines, penalties, and/or other code enforcement actions.			
Name (Print):		Signature:	Date:
<b>To Be Completed By Staff</b>			
The above requested Tree Removal Permit has been reviewed and all the appropriate documentation has been submitted. This Tree Removal permit is <input type="checkbox"/> <b>APPROVED</b> <input type="checkbox"/> <b>DENIED</b> . This permit is subject to compliance with the City of Cloverdale Zoning. Additional conditions, as applicable, are attached for reference.			
Permit Approval Date:		Permit Expiration Date:	
Staff Name:		Staff Signature:	