

Tree Permit Application

New Planting
 Pruning
 Removal

RECEIVED:

APPROVED/DENIED:

| | |
|-----------------|---------------------|
| OWNER: | APPLICATION: |
| ADDRESS: | ADDRESS: |
| PHONE: | PHONE: |
| EMAIL: | EMAIL: |

Is this a City Street Tree? (located in city limits between the sidewalk and the street) Yes No Unknown

Reason for tree request? _____

Tree Species _____ Proposed Replacement Tree(s) _____


City Street Tree removals must be replaced with species from the City of Walla Walla Street Tree Listing

Address of Tree(s) _____

Tree Care Specialist _____ Date work is to be completed _____

Must be a current City of Walla Walla Licensed Tree Care Specialist

Description of work requested _____

 Please draw a sketch map in the box below. Show building outlines, streets and only tree(s) to be removed represented with an **X** or you may submit a detailed landscape/site plan along with this application.

X Tree(s) must have a ribbon or duct tape wrapped around the trunk to identify prior to inspection.

By signing this application, I agree to replant tree(s) on my property within 45 days of the tree removal. If approved and/or required as a condition of the \$25 permit if granted by the Parks & Recreation, Urban Forestry Advisory Board. Authorization is valid for 6 months. TREES ARE NOT TO BE PLANTED BETWEEN JUNE 1 AND SEPTEMBER 1.

Applicant Signature _____ Shaded Areas For Arborist/Office Use Only _____ Date _____

| | | | |
|--|---|---|--|
| Tree Data: Spot No: Height: DBH: Species: | Location Data: ROW: Overhanging ROW: Alley: Private Street Tree: | Site Data: Wire Height: Strip Width: *Curb Cond: *Sidewalk Cond: <small>If condition poor copy of permit will be provided to Development Services</small> | Replacement Quantity: Class Size |
|--|---|---|--|

Authorization:
 Inspection Date: _____ Permit Approval: _____ Denied: _____
 Arborist Comments: _____
 Arborist Signature _____ PRUFAB Review Date _____ Permit Expiration Date: _____