

Tree Permit Application

New Planting Pruning Removal

RECEIVED:

APPROVED/DENIED:

OWNER:	APPLICANT:
ADDRESS:	ADDRESS:
PHONE:	PHONE:
EMAIL:	EMAIL:

Is this a City Street Tree? (located between the sidewalk & 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 Listings.

Address of Tree(s) _____ Cross Street _____ # of Trees _____

Tree Care Specialist _____

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 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 \$25.00 permit if granted by the Parks & Recreation, Urban Forestry Advisory Board. Authorization is valid for 6 months.

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: *Sidewalk Cond: *Curb Cond: <small>*If condition poor copy of permit will be provided to Development Services</small>	Replacement Quantity: Class Size:
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Authorization
 Inspection Date: _____ Permit Approval: _____ Permit Denied: _____

Arborist Comments _____

Arborist Signature _____ PRUFAB Review Date _____ **Permit Expiration Date** _____