

CITY OF PACIFICA TREE PERMIT APPLICATION PLANNING DEPARTMENT 540 Crespi Dr. Pacifica, CA 94044

650-738-7341 (phone) | 650-359-5807 (fax)

treepermit@pacifica.gov

Project Address:	Date:
Property Owner:	Project Agent:
Name:	Name:
Address (City/ State/ Zip):	Address (City/ State/ Zip):
Email:	Email:
Phone:	Phone:

Signature of Property Owner:

Signature of Agent:

By signing, you are indicating that you will comply with Title 4 Article 12 of the Pacifica Municipal Code "Tree Preservation" including but not limited to giving consent to inspect. Municipal Code "Tree Preservation" including but not limited to giving consent to inspect.

By signing, you are indicating that you will comply with Title 4 Article 12 of the Pacifica

Tree Contractor if proposing Removal or Significant Pruning:	heck here 🗆 If work is to be done by property owner	
Company Name:	Contractor CSLB#:	
Contact Name:	Address (City/ State/ Zip):	
Email:	Phone:	

Signature of Contractor:

By signing, you are indicating that you will comply with all provisions of Title 4 Article 12 of the Pacifica Municipal Code "Tree Preservation".

Tree Summary Table				
Action Requested (Removal, Encroachment, Pruning, Designate as Heritage Tree, Other):	Tree Species	Number of Species	Location of tree(s) (ex: backyard):	

Justification of Action Requested:

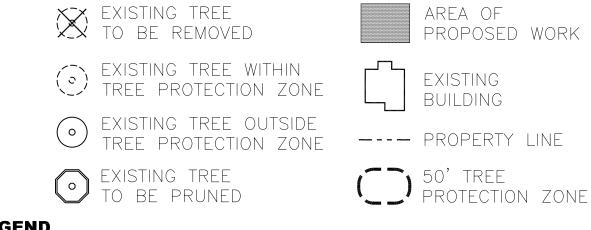
Application Material Checklist:	
	For all applications: <u>Complete Permit Application Form</u> , <u>Site Plan</u> showing dimensions that indicate the precise location of trees proposed to be trimmed or removed, and any trees within 50' of the proposed
	project
	For applications connected to a Building Permit: Photos of each tree within 50' of the proposed project
	For stand alone applications: <u>Application Fee</u> of \$1,000.00, <u>Arborist's report</u> and an <u>ISA basic tree risk</u>
	assessment form.



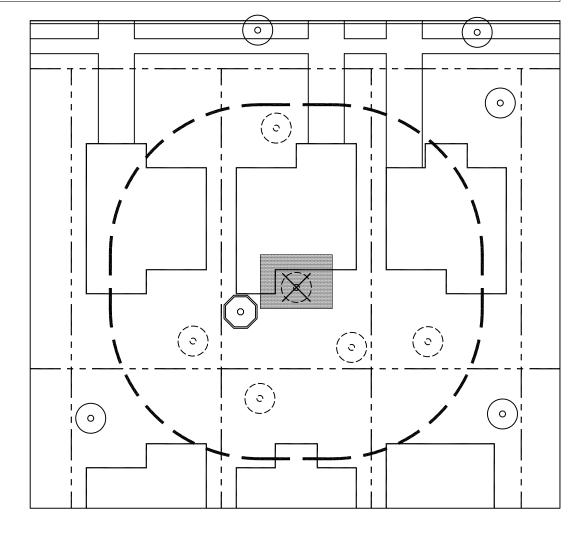
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Applicant – DO NOT COMPLETE BELOW THIS LINE						
Permit Number:	Date of Proposed Approval:	Effective Date:	Expiration Date:			
Permit Status: 📃 Ap	oproved 🗌 Denied					
Subject to the following conditions:						
_			Durin and Lineare			
	To be done by a professional tr		Business License			
	The planting of replaceme					
	Cash deposit must be provided					
	Replacement fee must be paid					
	The applicant must submit a rep		the City Arborist.			
	Post work, 2 year inspection rec					
	The following tree protection m	litigation measures must be put	t in place:			
Inspected by:		Date:				
	TREE ORDIN					
Proposed Project No.:		Appellant:				
Applicant		Addross				
		Auuress				
Address		Phone:				
		Email Address:				
Reason to appeal the above						
administrative decision:						
-						
-						
Appellant's Relationship to the	ne Item Being Appealed (check or	ne): 🗆 Project Applicant 🗆 Nei	ghbor 🛛 Concerned Citizen			
		Other:				
Appellant's						
Signature:						

LEGEND



PLAN

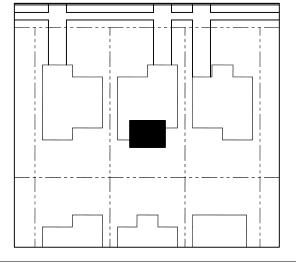


TREE PERMIT APPLICATION STANDARD PROCESS:

STEP 1:

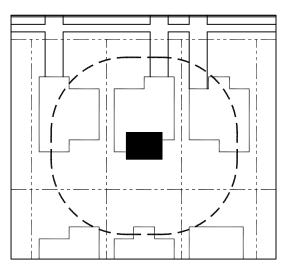


LOCATE AREA OF PROPOSED WORK



STEP 2:

LOCATE AND OFFSET 50' FROM AREA OF PROPOSED WORK



STEP 3:

LOCATE AND DIMENSION:

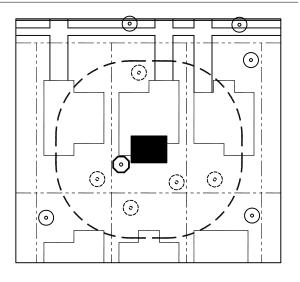


EXISTING TREE TO BE REMOVED

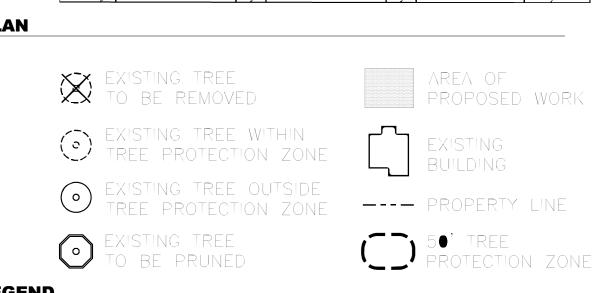




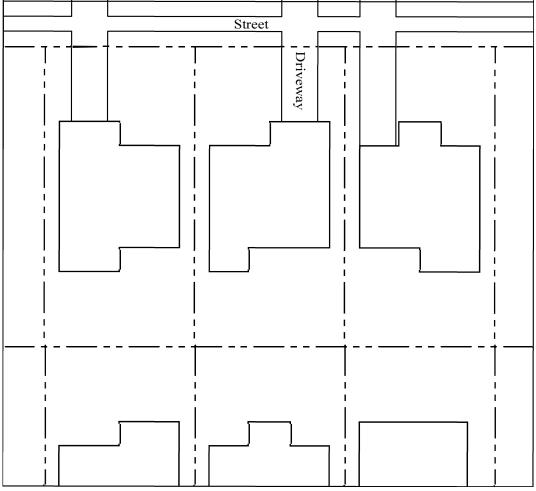
EXISTING TREE [0] TO BE PRUNED



LEGEND



PLAN



TREE PERMIT APPLICATION TEMPLATE FORM: