



TREE REMOVAL PERMIT APPLICATION FORM

**Planning Department
39250 Pioneer Blvd.
Sandy OR 97055
503-668-4886 (Phone)
503-668-8714 (Fax)**

(Please print or type the information below)

Property Location or Address _____

Map & Tax Lot Number T____, R____, Section____; Tax Lot(s)_____

Estimated starting date: _____ Ending date:_____

Briefly Describe the Project _____

**Additional Information as required by the Planning Director: (See Chapter 17.102 for details)
Including but not limited to:**

1. Two copies of a scaled site plan to contain the following information:
 - a. dimensions of the property and parcel boundaries;
 - b. location and species of trees 11 inches DBH or greater to be retained and cut;
 - c. location and type of tree protection measures.
2. A scaled re-planting plan indicating ground cover type, species of trees to be planted, and general location of re-planting.
3. An application for removal of a hazard within a protected setback area or a tree required to be retained as defined in Chapter 17.102.50 shall also contain a report from a certified arborist or professional forester indicating that the condition or location of the tree presents a hazard or danger to persons or property and that such hazard or danger cannot reasonably be alleviated by treatment or pruning.

I am the (check one) ☐ owner ☐ lessee of the property listed above and the statements and information contained herein are in all respects true, complete and correct to the best of my knowledge and belief.

Applicant/Owner	Owner/Contractor
Address	Address
City/State/Zip	City/State/Zip
Phone	Phone
Signature	Signature

If signed by Agent, owner's written authorization must be attached.

Within 15 days of the date of accepting an application for a Type I Permit, the city shall complete an onsite inspection of proposed activities and issue or deny the permit.

File No.	App. Date	Rec. No.	Fee \$
Type of Review (circle one): Type I Type II Type III			