



Application for Single Family Residential Heritage Tree Removal

Date: _____

The undersigned owner of the property at _____ (street address)

Preferred Phone No. _____ Email _____

hereby applies for permission to remove Heritage tree(s) as follows:

Species (if known): _____ Number of trees: _____

Circumference of trunk at 4½ ft. above ground: _____ inches. Estimated height: _____ feet.

Reason for removal: _____

Location: ____ Front yard? ____ Back yard? If back yard, do we have permission to access the property? ____ Yes ____ No

(Please draw a sketch below and attach a photograph)

Owner's Name

Owner's Signature

Mailing Street Address or Email

City, State, Zip Code

Applicant prefers decision to be sent via MAIL EMAIL
PLEASE CIRCLE ONE

NOTE: This completed form must be returned to the City Landscape Coordinator, P.O. Box 520, Pleasanton, CA 94566, or by fax (925) 931-5595 or email to shosterman@cityofpleasantonca.gov, in its entirety upon completion by the applicant. The applicant has read and is familiar with Chapter 17.16, Tree Preservation of the Pleasanton Municipal Code. Should the applicant wish to appeal staff's decision please submit your appeal in writing within 20 days of receipt of this notice.

THIS SECTION TO BE FILLED OUT BY STAFF UPON INSPECTION OF HERITAGE TREE(S)

ACTION	COMMENT
_____ Approved, Replant Y N	_____
_____ Denied	_____

Please replant ____ tree(s), in _____ size

_____ Species _____

Certified Arborist
License number _____

Applicant Notified by: Mail Email Fax DATE: _____