



**\$260.00 fee required for
3 or more trees**

Commercial or Multi-Family Application for 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: _____ (5 or more trees require a tree report from the City's list of Consulting Arborists)

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 location map below and attach a photograph for each tree.
Each tree should be tagged according to location map and report.)

Owner's (or Owner Representative'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 Landscape Architect Assistant, P.O. Box 520, Pleasanton, CA 94566, or by 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 _____

City Arborist #WE-11815A

Applicant Notified by: Mail Email Fax DATE: _____