



## 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 Landscape Architect Assistant, P.O. Box 520, Pleasanton, CA 94566, or by email to [shosterman@cityofpleasantonca.gov](mailto: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: \_\_\_\_\_