

## TREE PERMIT APPLICATION

## PLEASE SUBMIT APPLICATION TO

Email: urbanforestry@cityofsacramento.org

Postal Mail: 5730 24th Street Building 12-A Sacramento, California 95822 For questions please call 311

APPLICATIONS WILL BE CHARGED A FEE OF \$50 TO COVER ARBORIST COSTS INVOICE WILL BE MAILED TO APPLICANT AFTER PROCESSING

<b>Applicant Information</b> □ Propert	y Owner	t
Name:	Company:	
		Phone: ()
Email:	S	tate Contractor License #
<b>Property Owner Information (if differ</b>	ent):	
Name:		Phone ( )
Address:		
<ul> <li>on behalf of the owner of record on all matters relatinaccurate owner authorization may invalidate or dela</li> <li>A tree permit is nontransferable and must be kep</li> <li>It is understood and agreed by the permittee that</li> </ul>	ing to this application. I d y action on this application t on site when any work de- when any work is complete mento City Code 12.56 is su	n this application or am authorized and empowered to act as an agent eclare that the foregoing is true and correct and accept that false or
Signature:		Date:
	Tree Informa	ation
☐City Tree ☐Private Protected Tree	□Residential:_ □Commercial	Front Yard Back Yard Side Yard
•		ach into TPZ  Other
Address/Location of Tree:		
Number of Trees: Tree Speci	ies and Diameter:	
Reason for Action**:		
**Any of the following items may be requir	ed to accompany this	application:
❖ Arborist report		• Authorization of the property owner
<ul> <li>Landscape or tree planting plan</li> </ul>		• Tree replacement plan
<ul> <li>Tree protection plan</li> </ul>	*	Proof of CA State License Board compliance

❖ Any other information as deemed necessary

Site map