



CITY OF SAN JUAN BAUTISTA

P.O. Box 1420, 311 Second Street
San Juan Bautista, Ca 95045

PLANNING DEPARTMENT

Phone: (831) 623-4661
Fax: (831) 623-4093

APPLICATION FOR TREE REMOVAL PERMIT

Applicant's Name: _____

Mailing Address: _____

Site address: _____

Phone (Business): _____ Phone (Home): _____

Reason for Removal: _____

APPLICATION REQUIREMENTS:

- Required processing fee of \$50 per tree (not to exceed \$150).
- Photographs of the tree(s) to be removed
- Site map showing the location of tree on the property
- Letter from a certified arborist describing condition of the tree and recommended maintenance or remedy

City shall not be responsible for any damage to property or persons caused by or related to trees located on private property. It is the property owner's responsibility to maintain all trees on his or her property in a reasonable and safe manner, and any inspection performed by the City is a limited advisory assessment only, for the purpose of determining the risk to public safety, in accordance with Section 5-8-135 of the San Juan Bautista Municipal Code.

I hereby grant permission for City Personnel to inspect my property. I also understand that replanting and maintenance may be required as a condition of approval. I understand that any trees improperly planted will be subject to removal by or at the direction of the City, and the applicant thereof will assume the cost.

Signature of Applicant: _____ Date: _____

Signature of Property Owner: _____ Date: _____

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|-----------------------------------|-------------------------|
| FOR OFFICE USE ONLY: | |
| DATE APPLICATION SUBMITTED: _____ | FEE COLLECTED: \$ _____ |
| Approved: _____ | Denied: _____ |
| Date: _____ | By: _____ |
| Conditions/Mitigation Required: | |