



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

TREE REMOVAL PERMIT

Applicant(s) Name: _____

Mailing Address: _____

Site address: _____

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

Reason for Removal: _____

APPLICATION REQUIREMENTS:

- Required processing fee of \$25 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, remedy or a determination by City that the tree is hazardous and dangerous to the health and safety of persons or property.

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 in accordance with Chapter 5-6 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: _____

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