

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

| Applicant Information □ Propert | y Owner | t |
|---|---|--|
| Name: | Company: | |
| | | Phone: () |
| Email: | S | tate Contractor License # |
| Property Owner Information (if differ | ent): | |
| Name: | | Phone () |
| Address: | | |
| on behalf of the owner of record on all matters relatinaccurate owner authorization may invalidate or dela A tree permit is nontransferable and must be kep It is understood and agreed by the permittee that | 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 |
| Landscape or tree planting plan | | • Tree replacement plan |
| Tree protection plan | * | Proof of CA State License Board compliance |

❖ Any other information as deemed necessary

Site map