



**CITY OF GRASS VALLEY
PUBLIC WORKS DEPARTMENT**

Permit No: _____

125 East Main Street
Grass Valley, CA 95945
530-274-4350
Fax: 530-274-4399

TREE REMOVAL PERMIT APPLICATION

Per City of Grass Valley Municipal Code 12.36

LOCATION of TREE: _____ Property/Home Owners Assoc.? Yes No

Property Owner: _____ Requested by: _____
Address: _____ Address: _____

Phone: _____ Phone: _____

To determine diameter; measure circumference of tree 54 inches above ground level and divide that number by 3.14.

Tree #1 – Type/ Diameter	Tree #2 – Type/ Diameter	Tree #3 – Type/ Diameter

Reason for Request: _____

Proposed Replacement/Mitigation:

Tree #1 Tree #2 Tree #3

Will any work be performed in the City right-of-way (street or sidewalk)? Yes No

Name of Contractor Removing Tree(s): _____

Address: _____

Phone: _____ **CITY Business License No.** _____

The permittee shall be responsible for all claims and liabilities arising out of work performed pursuant to the tree removal permit, or arising out of the permittee's and his/her agent's failure to perform any of the requirements of the permit. The undersigned hereby agrees to indemnify, defend and hold harmless the City of Grass Valley, its officers, agents, employees and volunteers from any and all liabilities, claims, losses and expense, including attorney's fees and court costs and interest, in any manner caused by, of whatsoever kind of nature, arising out of, or in connection with, this Tree Removal Permit, except as caused by the sole or gross negligence of the City.

Property Owner's Signature: _____ **Date:** _____

In consideration of removal and as mitigation for the above referenced tree(s), I agree to replant at a 1:1 ratio in accordance with Municipal Code 12.36.085 (reading in part), with either a minimum one and one-half inch caliper diameter, healthy and well-branched deciduous tree, or a five to six foot tall evergreen tree. The replanted tree shall be of a species that will eventually equal or exceed the removed tree in size, if appropriate, for the new location(s).

Property Owner's Signature: _____ **Date:** _____

Property owner is to mark trees within 24 hours of submitting this request with bright ribbon or paint dot at base of tree in an area easily viewed by City staff.

You will receive notification of a *PROPOSED ACTION* by mail, including two (2) copies of your Tree Removal Permit Application, indicating your 10 calendar day posting period, or requesting additional information if required to process your request.

Following the 10-day posting period there is a 7 calendar day appeal period, after which you will receive notification, by mail, of the *FINAL ACTION*. The Final Action will specify if you are allowed to remove the tree(s) and, if so, the conditions by which you are able to remove the tree(s), and any other *CONDITIONS* that may apply (i.e.: replanting).

Removal of trees, subject to the City's Tree Preservation and Protection Municipal Code Chapter 12.36, without written City authorization may be subject to fines and or criminal prosecution. Please do not schedule tree removals until you receive your *FINAL ACTION* letter.

The City of Grass Valley is not responsible for location of trees marked for removal.
All property lines should be verified before submitting your application.

SITE MAP OR DRAWING: (Attach additional sheet if necessary)

ROUTING - To Be Completed by City of Grass Valley

TYPE OF PERMIT

CONSTRUCTION RELATED¹ ANNUAL REGULAR EXEMPT EMERGENCY

Grading Permit or Project No. _____ (If Grading Permit route to Engineering only)

Please comply with the Following Additional Information to Complete Your Application:

- PROVIDE SITE PLAN - STAKE CONSTRUCTION FOOTPRINT - FLAG PROPOSED TREES - PROVIDE TREE PROTECTION PLAN
 - PROVIDE ARBORIST REPORT - ARBORIST CITY BUSINESS LICENSE - CONTRACTOR CITY BUSINESS LICENSE - ENCROACHMENT PERMIT
- # _____ # _____ # _____

PLANNING DIVISION:

COMMENTS/CONDITIONS:

BY: _____ DATE: _____

ENGINEERING DIVISION¹: (If Grading Permit)

COMMENTS/CONDITIONS:

BUILDING DIVISION¹: (If no Grading Permit)

COMMENTS/CONDITIONS:

BY: _____ DATE: _____

OTHER DEPT: (If required)

COMMENTS/CONDITIONS:

BY: _____ DATE: _____

PROPOSED ACTION: APPROVED DENIED

COMMENTS/CONDITIONS:

BY: _____ DATE: _____

FINAL ACTION: APPROVED DENIED

COMMENTS/CONDITIONS:

BY: _____ DATE: _____