



CITY OF PACIFICA
TREE PERMIT APPLICATION
 COMMUNITY DEVELOPMENT DEPARTMENT
 1800 Francisco Blvd. Pacifica, CA 94044
 650-738-7341 (phone) | 650-359-5807 (fax)
treepermit@pacificagov

Project Address: _____ Date: _____

Property Owner:	Project Agent:
Name:	Name:
Address (City/ State/ Zip):	Address (City/ State/ Zip):
Email:	Email:
Phone:	Phone:

Signature of Property Owner: _____

Signature of Agent: _____

By signing, you are indicating that you will comply with Title 4 Article 12 of the Pacifica Municipal Code "Tree Preservation" including but not limited to giving consent to inspect.

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Tree Contractor if proposing Removal or Significant Pruning:	Check here <input type="checkbox"/> If work is to be done by property owner
Company Name:	Contractor CSLB#:
Contact Name:	Address (City/ State/ Zip):
Email:	Phone:

Signature of Contractor: _____

By signing, you are indicating that you will comply with all provisions of Title 4 Article 12 of the Pacifica Municipal Code "Tree Preservation".

Tree Summary Table			
Action Requested (Removal, Encroachment, Pruning, Designate as Heritage Tree, Other):	Tree Species	Number of Species	Location of tree(s) (ex: backyard):

Justification of Action Requested: _____

Application Material Checklist: <ul style="list-style-type: none"> <input type="checkbox"/> For all applications: <u>Complete Permit Application Form, Site Plan</u> showing dimensions that indicate the precise location of trees proposed to be trimmed or removed, and any trees within 50' of the proposed project <input type="checkbox"/> For applications connected to a Building Permit: <u>Photos of each tree within 50'</u> of the proposed project <input type="checkbox"/> For stand alone applications: <u>Application Fee of \$250, Arborist's report and an ISA basic tree risk assessment form.</u>



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TREE PERMIT

PLANNING DEPARTMENT

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Applicant – DO NOT COMPLETE BELOW THIS LINE

Permit Number: _____	Date of Proposed Approval: _____	Effective Date: _____	Expiration Date: _____
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Permit Status: Approved Denied

Subject to the following conditions:

- To be done by a professional tree service with a City of Pacifica Business License
- The planting of ____ replacement tree(s) is required.
- Cash deposit must be provided in the amount of _____.
- Replacement fee must be paid in the amount of _____.
- The applicant must submit a replanting plan to be approved by the City Arborist.
- Post work, 2 year inspection required.
- The following tree protection mitigation measures must be put in place:

Inspected by: _____

Date: _____

Approved by: _____

Date: _____

TREE ORDINANCE APPEAL

Proposed Project No.: _____

Appellant: _____

Applicant: _____

Address: _____

Address _____

Phone: _____

Email Address: _____

Reason to appeal the above administrative decision: _____

Appellant's Relationship to the Item Being Appealed (check one): Project Applicant Neighbor Concerned Citizen
 Other: _____

Appellant's Signature: _____