



COMMUNITY DEVELOPMENT DEPARTMENT
Planning Division
TREE REMOVAL PERMIT
APPLICATION

Applicant Name: _____

Applicant Address: _____

Phone #: _____ Fax #: _____ E-Mail: _____

Property Owner Name:
(if not the same) _____

Property Owner Address: _____

Address where tree(s) is to
be considered for removal: _____

Type of Tree(s): _____

Circumference of Tree(s): _____

Describe Location of tree(s)
on property: _____

Firm/Person to remove
tree: _____

Justification for removal of
tree(s) – (i.e., diseased, in
danger of falling, etc.) _____

I hereby certify that the information given is true and correct, and that I accept responsibility for the effects of tree removal. I understand that replacement of the tree(s), or payment of appropriate mitigation fee(s), will be required. Further, no tree shall be removed until all provisions of §17.54.030, Cotati Land Use Code, have been met.

Applicant: _____ Property Owner: _____

Date: _____ Date: _____

FOR STAFF USE ONLY:

Staff:

Based on the presentations of applicant and field evaluation using criteria in §17.54.030 of the Cotati Land Use Code, this application is:

Approved Date: _____

Denied Name: _____

Title: _____

Design Review Committee:

Date: _____

Approved

Denied

Action to be taken (if approved by Staff and/or Design Review Committee:

Number of replacement trees and/or mitigation fees required:

Species of replacement tree(s) required:

Within what time frame from removal:

Site of replacement tree(s):

Earliest date tree may be removed: