

TREE REMOVAL *Application*



3715 Bridgeport Way W
University Place, WA 98466
PH: (253) 566-5656 FAX: (253) 460-2541

Please type or print clearly. Incomplete information may delay the project approval.

APPLICANT:	Phone:	Fax:
Address (Street, City, State, Zip):	E-Mail Address:	
PROPERTY OWNER:	Phone:	Fax:
Address (Street, City, State, Zip):	E-Mail Address:	
AGENT:	Phone:	Fax:
Address (Street, City, State, Zip):	E-Mail Address:	

PROJECT NAME & TYPE:				
Project Address:			Parcel Number(s):	
Zoning:	Current Use:			
Area/Acreage:	Township:	Range:	Section:	Quarter Section:

PROVIDE A <u>DETAILED</u> DESCRIPTION OF THE PROPOSAL. (MAY BE ATTACHED)
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Has site preparation been started on the site? If so, explain to what extent:
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Is removal of more than five trees proposed? If so, why? Attach Replacement Plan.

List all justifications for removal of damaged, diseased, or dangerous trees. Attach report from licensed landscape architect or registered nurseryman with Tree Survey and Tree Replacement Plans.

Describe tree cutting sequence planned as part of site development (e.g. clear cut only for roads and utilities, clear for building footprints, clear whole site, clear nothing until building permits).

Please fill out the tables on the next page completely. Information must also be represented on the Tree Survey and Tree Replacement Plan. The application will be delayed if information is incomplete. Refer to Tree Preservation Plan Requirements: 19.65.240 -.320. *Diameter is measured 24" above the ground by measuring the circumference and dividing by pi (3.14159).

I hereby certify under penalty of perjury under the laws of the State of Washington that I am the applicant listed above, and that all information and evidence herewith submitted are in all respects and to the best of my knowledge and belief, true and complete. I understand that the filing fee accompanying this application is not refundable, and is only for the purposes of defraying the normal administrative expenses of processing the application, and that the payment of said fees does not result in automatic issuance of the permit requested in this application.

Print Name:	<input type="checkbox"/> Owner <input type="checkbox"/> Agent/Other (specify):
Signature:	Date:

Interior Trees

Trees	Type	# of Trees > 6" Diameter at 24 "	# of Trees Removed as Damaged, etc.	# of Trees to be Removed	Net Total # of Trees Remaining	Total % of Trees Retained	Replacement: Total Trees to be Replaced (3 trees per each tree cut in excess of leaving 25% of trees)
I N T E R I O R							
Totals	All Types						

Buffer Trees

Trees	Type	# of Trees > 6" Diameter	# of Trees Removed as Damaged, etc.	# of Trees to be Removed (all retained)	Net Total # of Trees Remaining	Total % of Trees Retained	Replacement: Total Trees to be Replaced (3 trees per each tree cut in excess of leaving 75% of trees)
B U F F E R							
Totals	All Types						