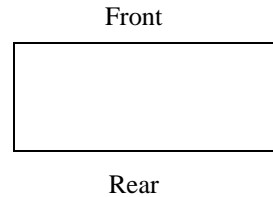


**CITY OF DEL REY OAKS
APPLICATION FOR A PERMIT TO ALTER OR
REMOVE A TREE ON PRIVATE PROPERTY**

Alter: _____ Remove: _____ Height: _____ No. of trees _____
Maximum Circumference of trunk at 2' or limb: _____
Applicant's Name: _____ Phone No.: _____
Mailing Address: _____

Address & Location (mark all trees on diagram to be removed or altered):



Description of tree(s): _____
Reason for altering or removing tree(s): _____
Name and Address of Contractor: _____

Phone No. _____ Del Rey Oaks Business License No. _____
Insurance Coverage - Check appropriate box (one must be checked, Section 3800 Calif. Labor Code).
 Certificate of Workmen's Compensation insurance, copy thereof or certificate of consent to self-insure from Director of Industrial Rel.
been filed with the City and is still in effect.

I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become
the Workmen's Compensation laws of California. I understand that failure to comply with applicable Workmen's Compensation laws shall
result in revocation of the permit.

Zoning/Guidelines Furnished to Applicant _____

Signature of Applicant: _____ **Date:** _____

(Note: By signing, Applicant agrees to abide by City Tree Ordinance and that all work performed will adhere to professional standards.)

FOR TREE REVIEW CALL:
City of Del Rey Oaks Maintenance Department
(831) 394-1182
Monday through Friday
7:00 A.M. to 3:00 P.M.

=====

DO NOT WRITE BELOW THIS LINE - OFFICE USE ONLY

=====

Application Approved: _____ Denied: _____

Reasons: _____

Replanting Required: _____

Number and type of vegetation to be replanted: _____

Signature of City Representative: _____ Date: _____

Permit No. _____

PLEASE PRINT AND COMPLETE THIS FORM, THEN CALL MAINTENANCE FOR AN APPOINTMENT

THIS PERMIT EXPIRES 30 DAYS FROM THE DATE OF ISSUE