



CITY OF DEL REY OAKS
APPLICATION FOR A PERMIT TO ALTER OR REMOVE
A TREE ON PRIVATE PROPERTY
 Email to cityhall@delreyoaks.org or fax to **394-6421**



Alter: _____ Remove: _____ Height: _____ No. of Trees: _____

Circumference of limb(s) or trunk(s) (measure 2' above ground for trunk): _____

Applicant's Name: _____ Phone No.: _____

Mailing Address: _____

Address & Location (mark all trees on diagram to be removed or altered with an "x"): _____ Back

Description of tree(s): _____

Reason for altering or removing tree(s): _____

Contractor Name: _____

Contractor Address: _____

Contractor Phone No.: _____ Del Rey Oaks Business License No.: _____



Insurance Coverage – Check appropriate box (one must be checked per Section 3800 Calif. Labor Code).

I certificate of Workmen's Compensation insurance, copy thereof or certificate of consent to self-insure from Director of Industrial Relations, has 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 subject to the Workmen's Compensation laws of California. I understand that failure to comply with applicable Workmen's Compensation laws shall cause revocation of this permit.

Zoning/Guidelines Furnished to Applicant: _____ (Initial here)

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:** _____

Reason: _____

Replanting Required: _____

Number and type of vegetation to be replanted: _____

Signature of City Representative: _____ Date: _____

Permit No.: _____ **Permit Fee:** \$25.00 Cash Check CC (Check/CC # _____)