



# Tree Removal Permit Application

Permit: # \_\_\_\_\_

## FOR OFFICE USE ONLY

Permit Total: \$ 50.00 Receipt: # \_\_\_\_\_

### PROJECT INFORMATION

Number & Street Name: \_\_\_\_\_

Alter Tree(s)     Remove Tree(s)

Number of Trees: # \_\_\_\_\_

Description of Tree(s): \_\_\_\_\_

Tree Height: \_\_\_\_\_

Circumference of limb(s) or trunk(s): \_\_\_\_\_

Reason for Alteration or Removal: \_\_\_\_\_



Mark Tree location with an "X"

### OWNER INFORMATION

Owner Name: \_\_\_\_\_ Telephone Number: # \_\_\_\_\_

Email: \_\_\_\_\_

Number & Street Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### CONTRACTOR INFORMATION

Business Name: \_\_\_\_\_

Telephone Number: # \_\_\_\_\_ Email: \_\_\_\_\_

Number & Street Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Del Rey Oaks License: # \_\_\_\_\_

### WORKER'S COMPENSATION DECLARATION

I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit issued.

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.

Applicant's Signature: X \_\_\_\_\_ Date: \_\_\_\_\_

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Issued By: \_\_\_\_\_ Date: \_\_\_\_\_ Permit Number: \_\_\_\_\_

Approved     Denied

Reason: \_\_\_\_\_

Replanting Required

Number and Type of Vegetation to be replanted: \_\_\_\_\_