



For County Use Only

## TREE PERMIT APPLICATION

#### **COUNTY OF ALAMEDA PUBLIC WORKS AGENCY**

399 Elmhurst St., Hayward, CA 94544 \* Phone: (510) 670-5480 \* https://www.acpwa.org/tree-permit

Tree Planting Tree Prunir	ng Tree Removal			
Name / Address of Owner, Utility, or Contractor:	Job Site Address:			
Phone Number:				
<b>Description of Tree</b> (s) <b>including Proposed Work:</b> [Identify location, condition of tree(s) and dates of work]				
Tree location measured in from the edge of the face of c	urb towards tree (ft)(inches)			
Trop Trimming/Pomoval Paguiromonts				

# i ree i rimming/kemoval kequirements

Contractor's Name:		
Contractor's License #:		
Phone #:	Email:	

County Arborists maintain the authority to monitor and inspect work to insure compliance with the Alameda County Tree Ordinance (Sec. 12.11.230)

#### Replacement/New Tree Species: \_\_\_\_

I, the property owner/resident at the above address agree to water and maintain the above tree within the County right-of-way on my property. Once planted, I agree not to remove this tree without the prior written consent of the Alameda County Public Works Agency. I also understand that if the above tree dies or is damaged beyond repair, the County may require me to replant a new tree at my sole expense.

I agree to comply with all of the provisions, conditions, and other requirements of this Permit: Signature of Applicant:

### **NOTICE:**

Permit will not be valid until issued. Permits shall be kept on site during work. The Permittee is responsible for and must notify the County at (510) 670-6467, no later than ten (10) days after completion of the work.

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Applicable Fees paid: \$50.00		Permit Number:
(Fees are non-refundable)	But	Permit Issuance Date:
Date Paid:		Permit Expiration Date:
	Public Works Agency ——Alameda County——	
Status: APPROVED	☐ DENIED	<b>NO PERMIT REQUIRED</b>
Permit Conditions:		
Ordinance, in order to authorize access to a pu		General Ordinance Code and the County Tree g, pruning or removing a tree, the trunk of which he said roadway
Application reviewed:		
Co	ounty Arborist	Date
Tree Information	DA	TE FIELDED:
Number of trees: Species	s:	Height: DBH:
Location of tree:		Height: DBH:
Location of tree: Overhead High Voltage Lines		Height: DBH:
Location of tree: Overhead High Voltage Lines Overall health:		Height: DBH:
Location of tree: Overhead High Voltage Lines Overall health: Any obvious defects/diseases		Height: DBH:
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Location of tree: Overhead High Voltage Lines Overall health: Any obvious defects/diseases		Height: DBH:
Location of tree: Overhead High Voltage Lines Overall health: Any obvious defects/diseases Comments:	:	
Location of tree: Overhead High Voltage Lines: Overall health: Any obvious defects/diseases Comments:	Post-Work Inspection	Pictures Taken:  Yes  No
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Permit Closed: \_\_\_\_\_ Date

Alameda County Public Works Agency