

Department of Transportation  
**URBAN FORESTRY SERVICES**  
5730 24th Street Building 12 A Sacramento, California 95822  
Phone (916) 808-6345 Fax (916) 808-4005  
urbanforestry@cityofsacramento.org

**TREE PERMIT APPLICATION**

**Applicant Information**

Name: \_\_\_\_\_ Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

Address: \_\_\_\_\_ Contractor License # \_\_\_\_\_

**Property Owner Information (if different):**

Name: \_\_\_\_\_ Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

Address: \_\_\_\_\_

**Owner/Agent Statement**

Property Owner Consent—I am the legal owner of record of the land specified in this application or am authorized and empowered to act as an agent on behalf of the owner of record on all matters relating to this application. I declare that the foregoing is true and correct and accept that false or inaccurate owner authorization may invalidate or delay action on this application.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Project Information:**

Residential Development  Commercial Development  Owner-Occupant

Address: \_\_\_\_\_ Other permits applied for?  Yes  No

List other permits that you have applied for: \_\_\_\_\_

APN: \_\_\_\_\_ Related Project Number: \_\_\_\_\_

Number of Trees: \_\_\_\_\_ Tree Species and Diameter: \_\_\_\_\_

(Please attach other documents such as arborist reports and site plans)

Type of permit requested:  Prune or  Removal of a  Street Tree  Heritage Tree or  Parking Lot Tree

Reason for permit: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\*OFFICE USE ONLY\*\*\*\*\*

Receipt Number \_\_\_\_\_ Arborist Report attached?  Yes  No Site plans attached?  Yes  No

Permit:  GRANTED  DENIED Permit Number: \_\_\_\_\_

City Arborist comments or conditions: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

