



TOWN OF FAIRFAX

142 BOLINAS ROAD, FAIRFAX, CA 94930
 (415) 453-1584 / FAX (415) 453-1618

APPLICATION FOR TREE REMOVAL OR ALTERATION

A permit is required to remove or alter one or more trees on any parcel in the Town of Fairfax. All trees for which a permit is requested shall be tagged with an orange ribbon, a minimum of 10 days prior to the Tree Advisory Committee meeting date. Applicants must also post a notice of intent to alter or remove the marked Tree(s) in a prominent location visible along the frontage of the affected property.

APPLICANT INFORMATION

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| OWNER (APPLICATIONS MUST BE FILED BY PROPERTY OWNER): | DATE OF APPLICATION: |
| JOB ADDRESS/ASSESSOR'S PARCEL NO. IF SITE IS VACANT | PHONE NUMBER: |
| EMAIL ADDRESS: | FAX NUMBER: |
| PROPERTY OWNER'S ADDRESS IF DIFFERENT FROM ABOVE | ALTERNATE PHONE NUMBER: |

TREE INFORMATION

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| SPECIES AND DESIGNATION OF HERITAGE/SPECIMEN/UNDESIRABLE TREE: | CIRCUMFERENCE BREAST HEIGHT: |
| | REASON FOR REMOVAL/ALTERATION |
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| SPECIES AND DESIGNATION OF HERITAGE/SPECIMEN/UNDESIRABLE TREE: | CIRCUMFERENCE BREAST HEIGHT: |
| | REASON FOR REMOVAL/ALTERATION |

Please attached a site plan to this application showing the location and species of all trees with a diameter of 4 inches (circumference of 12 inches or more), measured 4.5feet above grade at tree base, property boundaries and easements, location of structures, foundation lines of neighboring structures and paved areas including driveways, .

Any tree company used for the removal or alteration must have a current and valid Fairfax Business license. Please include the name, address, and phone number of the person or company doing the above listed work:

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| NAME: | PHONE NUMBER: |
| ADDRESS: | CONTRACTOR BUSINESS LICENSE NUMBER |

Please note the Tree Advisory Committee may require applicants to submit their application to a Qualified Arborist for a report or recommendation at the expense of the applicant. A Qualified Arborist is defined as a Certified Arborist, A Certified Urban Forester, a Registered Consulting Arborist, or a Registered Professional Forester.

OWNER'S STATEMENT

I understand that in order to properly process and evaluate this application, it may be necessary for Town personnel to inspect the property, which is the subject of the application. I also understand that due to time constraints it may not always be possible for Town personnel to provide advanced notice of such inspections. Therefore, this application will be deemed to constitute my authorization to enter upon the property for the purpose of inspecting the same, provided that Town personnel shall not enter any building on the property except in my presence or the presence of any other rightful occupant of such building. I understand that my refusal to permit reasonable inspection of any portion of the property by town personnel may result in a denial of this application due to the lack of adequate information regarding the property.

Signature of Property Owner

Date

[AREA BELOW FOR STAFF USE ONLY]

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|-------------------------|--------------|
| Permit Number: | |
| Date Received: | Received by: |
| Conditions of Approval: | |
| | |
| Tree Committee Action: | Date: |

Tree Committee Actions can be appealed to the Town Council within 10 days of the Tree Committee Action. Contact Town Hall for more information.