

RESIDENT DIRECTIONS:

1. Complete form as directed and return to City Hall.
2. Upon completion and return of this form to City Hall, use the provided flagging tape to mark your trees.
3. Protected or Heritage OAK tree removal will require Certified Arborist letter with reason and ISA No.
4. Staff will call you to make an appointment to measure the trees, prior to removal.
5. After steps 1-4 are completed, permit will be issued.

*NOTE: Tree removal performed **without a tree permit** is subject to a \$500 fine.*

Acceptable reasons, based on Ordinance 22-313 for a tree to be removed, without penalty:

- | | |
|--|---|
| <input type="checkbox"/> Diseased or Infested Tree (91.11) | <input type="checkbox"/> Land Development (91.12A2&3) |
| <input type="checkbox"/> Documented Oak Wilt (91.07D) | <input type="checkbox"/> Public Nuisance (91.10) |
| <input type="checkbox"/> Emergency | <input type="checkbox"/> R.O.W. Obstruction (91.03) |
| <input type="checkbox"/> Imminent Hazard (91.06N) | <input type="checkbox"/> Substantially Dead |

RESIDENT USE	CITY STAFF USE ONLY	
Tree #1, Tree Type: _____	Circumference	Diameter
Location of Tree: (Circle One) Front Yard Back Yard		
If tree is in the backyard, is there a gate? YES NO	Protected or Heritage Tree? _____	
Tree #2, Tree Type: _____	Circumference	Diameter
Location of Tree: (Circle One) Front Yard Back Yard		
If tree is in the backyard, is there a gate? YES NO	Protected or Heritage Tree? _____	
Tree #3, Tree Type: _____	Circumference	Diameter
Location of Tree: (Circle One) Front Yard Back Yard		
If tree is in the backyard, is there a gate? YES NO	Protected or Heritage Tree? _____	
Tree #4, Tree Type: _____	Circumference	Diameter
Location of Tree: (Circle One) Front Yard Back Yard		
If tree is in the backyard, is there a gate? YES NO	Protected or Heritage Tree? _____	

For clarification on Tree Ordinance References in this form, please see the City of Woodcreek

If more than FOUR trees will be removed, please use the back page of an additional form.

Please initial where indicated:

- I agree to seal all OAK tree wounds, cuts and stumps with black tree wound dressing. _____
- I agree to sterilize all equipment used to remove OAK trees, BETWEEN each tree to be removed. _____
- I agree to remove all tree debris and cut pieces and will not store infected OAK for firewood. _____
- I understand that if my permit expires, and the work is not completed, I must request a new permit. _____
- I agree to VISIBLY display the City-approved Tree Permit Application. _____

(Homeowner PRINTED name)

(Homeowner SIGNATURE)