



City of Placentia
 Public Works Department
 401 East Chapman Avenue
 Placentia, CA 92870
 (714) 993-8148
 www.placentia.org

CITY TREE SURVEY PLAN APPLICATION

TREE SURVEY PLAN APPLICATION
 Please TYPE or PRINT all information clearly.

Applicant shall submit a Tree Survey Plan prepared by a licensed Surveyor or registered Civil Engineer and an Arborist Report prepared by a Certified Arborists as required per Section 14.12.120 of the PMC.

Site Address:	Development/Land Use Application No: (leave blank if not issued by the City yet)
Submittal Date:	Permit Plan Check No: (leave blank if not issued by the City yet)

Applicant	Owner
Name:	Name:
Address:	Address:
City, State, Zip:	City, State, Zip:
Phone:	Phone:
Email:	Email:

Tree Survey Plan Requirements	Arborist Report Requirements
<ul style="list-style-type: none"> a. Site Plan (11" x 17") b. Property lines and easements; c. The locations of existing tree(s) or groups of trees, including driplines with each tree numbered, and identified by trunk diameter at breast height (DBH), with an "X" through each tree proposed for removal, including onsite trees and trees adjacent to the project site, with driplines overhanging the project site; d. Identifies all City Tree(s) located upon the property and identifies those City Trees that are proposed to be removed or that may be affected by the proposed development; e. A table listing each tree by number, DBH, genus, species, common name and health; f. For Demolition permits, show the building footprint for the structure to be removed; g. The footprint of any existing or new structures, including additions; h. The location of existing and proposed site utilities, including water, sewer, drainage, gas, underground electrical, voice/data, septic field, well head, or other. 	<ul style="list-style-type: none"> a. Assessment of the tree condition for all City trees, and any measures necessary to protect trees on site during demolition or construction, including any remedial measures necessary to sustain impacted trees b. Identifies which City tree(s)s are proposed for removal. c. Reasons for proposing removal of a City tree(s). d. An appraisal of all trees to be preserved and proposed for removal utilizing the most recent edition of the Guide for Plant Appraisal (published by the International Society of Arboriculture). e. The number of replacement trees calculated using the City's tree replacement matrix as noted in subsection F of Section 14.12.120 of the Placentia Municipal Code. f. The number of required on-site replacement trees would inhibit healthy growth (e.g., overcrowding of new trees; interfere with roots and canopy of existing protected trees and street trees). g. General health of tree to be trimmed, cut down or removed.

Contact Person and/or Arborist:
(Please provide contact information for the Project Arborist)

Name:	Company Name:
Phone:	Email:

If applicant is not the property owner, submit written permission of the property owners(s) stating the applicant has permission to act on his or her behalf.

Applicant's signature: _____ **Date:** _____

Property owner's signature: _____ **Date:** _____

For any questions regarding this application, contact Elsa Robinson at (714) 993-8189 or erobinson@placentia.org.

FOR CITY STAFF USE ONLY

DATE RECEIVED: _____ **ACCEPTED BY:** _____

APPROVED ACTION:

- Approved Approved w/ Modifications Withdrawn Incomplete
- Denied

NOTES: _____

Director or Designee: _____ Date: _____
(Signature)

Date of Applicant Notification: _____ Email Mail