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## OAK TREE PERMIT FOR REMOVAL OF HEALTHY TREES

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### PLEASE COMPLETE THE FOLLOWING INFORMATION:

PROJECT ADDRESS \_\_\_\_\_

APPLICANT \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE No \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

PROPERTY OWNER'S NAME \_\_\_\_\_

PROPERTY OWNER'S MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

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### PLEASE ANSWER THE FOLLOWING QUESTIONS:

NOTE: Sec. 9704.b.1 of the Arcadia Municipal Code requires that all of the following questions be answered in detail to explain why the oak tree(s) should be removed. (Please attach a separate sheet if necessary.)

1. Why is it necessary to remove the tree(s)?

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Date \_\_\_\_\_ Receipt No. \_\_\_\_\_ Amount\$ \_\_\_\_\_ By \_\_\_\_\_

2. Why is removal of the tree(s) more desirable than an alternative project design?

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3. What mitigation measures are included in the project to compensate for the loss of the oak tree(s)?

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The applicant and property owner hereby declare under penalty of perjury that all the information submitted for this application is true and correct.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Property Owner's Signature

\_\_\_\_\_  
Date

## **FILING REQUIREMENTS AND INSTRUCTIONS WORKSHEET**

The application for an Oak Tree Removal Permit must include the following materials. To ensure that your application package is complete, please check-off the boxes next to the required application materials.

- Completed application form.
- Filing fee of \$540
- Six (6) sets of scaled plans. Plans **MUST BE FOLDED** - Maximum size 8 1/2" by 14", which include the following:
  - A. A site plan that shows the entire subject property with all existing and proposed improvements and all oak trees. The plan shall include the circumference and species of each oak tree. The oak tree(s) to be removed must be clearly indicated.
  - B. Floor plans, and elevation for the proposed improvements.
  - C. Photographs of the yard area and oak tree(s) to be either removed or encroached upon.
- Radius Map, Labels and Mailing List.
  - A. A radius map showing the subject property and all the properties that are within a 100 foot radius of the perimeter of the subject property. These properties shall be numbered to correspond with the numbers on the mailing list.
  - B. A mailing list of the owners of the properties that are within the 100 foot radius for the perimeter of the subject property. **Be sure to provide the property owner's mailing address.** It may not be the same as the address of the property. The person providing this mailing list is to complete the attached Affidavit.
  - C. A set of self-adhering typed mailing labels for the owners of the properties that are within the 100 foot radius, **including the applicant and property owner.**
- On a **separate** label sheet, provide 5 labels each for the property owner, applicant, architect and contractor.
- A Certified Arborist Report.
- If the subject property is within a Homeowners Association area, the above plans must be stamped by the Architectural Review Board and accompanied with the report of said Board indicating their approval for the removal of the oak tree(s).

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## **APPLICATION REVIEW PROCESS**

STAFF REVIEW: Upon receipt in proper form, City Staff has 30 days to review the application and make their findings.

PUBLIC HEARING: This application requires a public hearing before the Modification Committee.

APPEALS: The Modification Committee's decision may be appealed to the Planning Commission. The Planning Commission's decision may subsequently be appealed to the City Council. Such an appeal must be submitted in writing and delivered to Planning Services within five working days of the decision.

EXPIRATION: If for a period of 12 months, any authorization granted by this permit is or has been unused, abandoned or discontinued, or any of the conditions of approval have not been complied with, the permit shall become null and void.

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**LIST OF PROPERTY OWNERS AND MAILING ADDRESSES WITHIN A RADIUS OF 100 FEET OF THE EXTERIOR BOUNDARIES OF THE PROPERTY INVOLVED IN THE APPLICATION:**

<u>(Red) Assessment number on large area map &amp; cards</u>	<u>Numbers to correspond with numbers on area map</u>	<u>Property Owner</u>	<u>Mailing Address</u>
	1.		
	2.		
	3.		
	4.		
	5.		
	6.		
	7.		
	8.		
	9.		
	10.		
	11.		
	12.		
	13.		
	14.		
	15.		
	16.		
	17.		
	18.		
	19.		
	20.		

**AFFIDAVIT**

STATE OF CALIFORNIA  
CITY OF ARCADIA  
COUNTY OF LOS ANGELES

I, \_\_\_\_\_ hereby certify  
(print name)  
that the attached list contains the names and addresses of all persons to whom all property is assessed as they appear on the latest available equalized assessment roll of the County of Los Angeles, within the area described on the attached application and for the required distance of notification from the exterior boundaries of the property described on the attached application. I also certify that the subject site described on the attached application contains no illegal lot splits or other divisions of land not specifically authorized by the City of Arcadia.

I certify under penalty of perjury that the foregoing is true and correct.

(signed) \_\_\_\_\_

(date) \_\_\_\_\_