



# TREE REMOVAL PERMIT APPLICATION

## CITY OF MOAB USE ONLY

Permit Number	Issue Date	Expiration Date	Note
---------------	------------	-----------------	------

### PROPERTY INFORMATION

PROPERTY ADDRESS			APPLICANT'S INTEREST IN PROPERTY: <input type="checkbox"/> OWNER <input type="checkbox"/> CONTRACTOR <input type="checkbox"/> ARCHITECT <input type="checkbox"/> OTHER
NAME OF APPLICANT	PHONE	EMAIL	
MAILING ADDRESS		CITY, STATE	ZIP CODE

### TREE INFORMATION

A property survey, site plan, or sketch must be submitted showing the location of the proposed removals/replacements. Please briefly describe the reason for the removal of the tree/s.

SPECIES	DIAMETER 4.5 FT ABOVE GROUND
1.	
2.	
3.	
4.	
5.	

REASON FOR REMOVAL:

### SUBMITTAL REQUIREMENTS

ALL REQUIREMENTS MUST BE IN A PDF ELECTRONIC FORMAT. CHECK BOXES TO VERIFY SUBMITTAL:

- Tree removal permit application
- Site plan that shows the location of removal trees and property boundary
- Picture of the tree(s)

Additional information may be required to ensure adequate information is provided for staff analysis. All information required for staff analysis will be copied and made public, including professional architectural or engineering drawings, for the purposes of public review according to applicable .

## ACKNOWLEDGEMENT OF RESPONSIBILITY

This is to certify that I am making an application for the described action by the City and that I am responsible for complying with all City requirements with regard to this request. This application should be processed in my name, and I am the party whom the City should contact regarding any matter pertaining to this application.

I have read and understood the instructions supplied by the City of Moab for processing this application. The documents and/or information I have submitted are true and correct to the best of my knowledge. I understand that my application is not deemed complete until City Staff has reviewed the application and has notified me that it has been deemed complete.

I understand that the application must be reviewed and approved prior to work taking place, an inspection is required when work is completed, and city approval does not imply approval of any applicable homeowners association.

SIGNATURE OF APPLICANT

DATE

PRINT NAME OF APPLICANT

## OFFICE USE ONLY – PERMIT ACTION

- PERMIT APPROVED:** The information submitted for the proposed tree removal was reviewed and approved.
- PERMIT APPROVED WITH CONDITIONS:** The information submitted for the proposed project was reviewed. In order for the proposed project to be approved, certain restrictions or conditions must be met. These restrictions or conditions are attached.
- PERMIT DENIED:** The proposed project does not meet approved tree stewardship ordinance standards (explanation on file).

SIGNATURE OF CITY URBAN FORESTER

DATE

PRINT NAME AND TITLE OF URBAN FORESTER

RESTRICTIONS AND CONDITIONS

## INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

- All applications are subject to review by city staff for completeness.
- Staff will notify the applicant of deficiencies or completeness within fifteen days.
- Please complete and e-mail to