

CITY OF DAVIS

**TREE MODIFICATION PERMIT APPLICATION**

(In accordance with Chapter 37, Sections 37.02.020; 37.02.050; 37.03.060; 37.03.070; 37.05.010)

Mail: 1818 Fifth Street

Davis, CA 95616

Phone: (530) 757-5633 Fax: (530) 297-5410

Date: \_\_\_\_\_

**Permit Application Fee: \$135.00**

Applicant Name:	Applicant Phone:
Applicant Mailing Address:	Business Name: (if commercial)
Property Owner (if different from applicant):	
Project Location (if different):	Applicant E-mail address:

Tree(s) Description: number of trees, species, size, health, etc.:

\_\_\_\_\_

\_\_\_\_\_

Tree(s) Location on Property and Relevant Site Conditions (attach map if needed):

\_\_\_\_\_

Tree Modification Proposed/Reason for Request:

\_\_\_\_\_

\_\_\_\_\_

Scope of Work/Proposed Methods and/or Tree Preservation Plan:

\_\_\_\_\_

\_\_\_\_\_

**Right of inspection**

I hereby grant permission for City personnel to inspect my property.

Signature of Property Owner \_\_\_\_\_

**Neighbor notification**

In cases where the trees are City street trees, signatures of acknowledgement from adjoining neighbors are required from the petitioner:

	Name	Address	Signature
Neighbor:	_____	_____	_____
Neighbor:	_____	_____	_____

**DO NOT WRITE BELOW THIS LINE – OFFICIAL USE ONLY**

Director's Assessment/Comments:

\_\_\_\_\_

\_\_\_\_\_

Date Received: \_\_\_\_\_ Fee Amount: \$ \_\_\_\_\_ Use Tran Code: 4624 Tree Modification Fee

Receipt #: \_\_\_\_\_ Received By: \_\_\_\_\_