

CITY OF DAVIS
Public Works Utilities and Operations Department
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: 1717 Fifth Street
Davis, CA 95616

Phone: 530-757-5633 Email: citytrees@cityofdavis.org

Date: _____

Permit Application Fee: \$141.00

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 IN THIS SECTION – OFFICIAL USE ONLY

Assessment/Comments:

Date Received: _____	Fee Amount: \$ _____	Use Tran Code: <u>4624 Tree Modification Fee</u>
Receipt #: _____	Received By: _____	