



CITY TREE PERMIT APPLICATION

Applicant must complete sections A and B, and return form to:

Public Works Department
Street Maintenance
160 Calle Magdalena
Encinitas, CA 92024
(760) 633-2850

SECTION A

Name of Applicant: _____ Date of Application: _____

Address of property where trees are located: _____

Name of owner if different from applicant: _____

Applicant's day phone number: _____

Email address: _____

Project number: _____

SECTION B

I request permission to perform the following work: Plant Trim Remove

- Removals require a replacement tree
- All requests must include a picture of the tree(s)
- A Certified Arborist Report may be required.

Location of tree(s): _____

Tree species: _____

General condition of tree (s): _____

Reason for request: _____

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SECTION C (City Use Only)

Date Received: _____

Date of Site Evaluation: _____

Tree(s) in Inventory: Yes No

Diseased: Yes No

Tree (s) ID Number (s): _____

Hardscape Damage: Yes No

Photo attached: Yes No

Overhead Utilities: Yes No

Arborist's Report: Yes No

Notes: _____

APPROVAL

CONDITIONAL APPROVAL

DENIED

*CONDITIONS: _____

Supervisor: _____

Date: _____

Manager: _____

Date: _____