



# TREE REMOVAL PERMIT APPLICATION

An electronic and hard copy of the application and all supporting plans or documents are required.

|  |  |   |
|--|--|---|
| <b>OFFICIAL USE ONLY</b>                                 |  |   |
| Date Received: _____                                     |  | Permit #: _____   |
| <input type="checkbox"/> Permit approved                 | <input type="checkbox"/> No permit needed        | <input type="checkbox"/> Critical areas – need Planning review                        |
| <b>PERMIT FEES:</b>                                      | <input type="checkbox"/> ROW Obstruction (\$184) | <input type="checkbox"/> ROW excavation (\$184)                                       |
| <input type="checkbox"/> Residential tree removal (\$50) | <input type="checkbox"/> ROW Obstruction (\$562) | <input type="checkbox"/> Commercial/multi-family tree removal (\$25/tree, max. \$250) |
| <b>Notes for File:</b>                                   |  |   |
|  |  |   |

|  |  |                                       |                                      |
|--|--|---------------------------------------|--------------------------------------|
| <b>SITE LOCATION &amp; DETAILS</b>                 |  |                                       |                                      |
| <input type="checkbox"/> Residential               | <input type="checkbox"/> Commercial/Industrial | <input type="checkbox"/> Multi-family | <input type="checkbox"/> Undeveloped |
| <i>A Soil and Vegetation Plan may be required.</i> |  |                                       |                                      |
| Site Address:                                      |  |                                       |                                      |
| Tax Parcel Number:                                 |  | Parcel/Lot Size:                      |                                      |

|                       |         |
|-----------------------|---------|
| <b>PROPERTY OWNER</b> |         |
| Owner Name:           | Phone:  |
| Mailing Address:      | E-mail: |

|  |                  |                          |
|--|------------------|--------------------------|
| <b>TREE REMOVAL/CONTRACTOR INFORMATION</b> |                  |                          |
| Company Name:                              |                  | Contact Person:          |
| Mailing Address:                           |                  | Phone:                   |
| E-mail Address:                            |                  | Fax:                     |
| State Contractor's License #:              | Expiration Date: | City Business License #: |

|  |        |         |
|--|--------|---------|
| <b>CONTACT PERSON (This person is designated to receive all project communications.)</b> |        |         |
| Name:  | Phone: | Fax:    |
| Mailing Address:   |        | E-mail: |

|   |
|---|
| <b>DESCRIPTION OF WORK</b>                    |
| Description of work to be done (be specific): |
|   |
|   |

|   |                                   |                                  |                                    |
|---|-----------------------------------|----------------------------------|------------------------------------|
| <b>CRITICAL AREAS ON THE SITE – PLEASE CHECK ALL THAT APPLY</b> |                                   |                                  |                                    |
| <input type="checkbox"/> Slopes                                 | <input type="checkbox"/> Wetlands | <input type="checkbox"/> Streams | <input type="checkbox"/> Shoreline |

**SITE PLAN**

Please draw a diagram of the site that includes all existing trees on the site, indicating which you are planning to remove, any buildings on the site, any critical areas, streets/alleys. Please note the Diameter at Breast Height (DBH) of existing trees.

**BUILDING OWNER OR AUTHORIZED AGENT**

*I hereby certify that I have read and examined this application and know the same to be true and correct, and I am authorized to apply for this permit.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date/Time Field

This form has been approved for use by the Olympia Community Planning and Development (CPD) Department.



\_\_\_\_\_  
Keith Stahley, Director,  
Community Planning and Development

\_\_\_\_\_  
12/1/2016  
Date