



Application to Remove a Tree

CITY OF PUYALLUP

Planning Division
333 South Meridian
Puyallup, WA 98371
Phone: (253) 864-4165.
Email: cbeale@ci.puyallup.wa.us

Checklist:

All significant trees shall be examined by a certified arborist - with a certification in Tree Risk Assessment (TRAQ) - prior to application for removal. Please include the Tree Risk Assessment report when submitting your permit request.

For all trees in critical areas, a report from a certified arborist that documents the condition and hazard of the trees and provides a replanting schedule for the replacement trees is required.

In critical areas, the landowner shall replace any trees that are felled with new trees at a ratio of two replacement native trees for each one tree felled, within one year in accordance with an approved restoration plan.

1 (one) CD of complete submittal package

Office Use Only:

Submittal Date: ___/___/___ Case No: ___-___-___ GIS: ___ Inventory: ___

This permit application is required if you would like remove a significant tree or any tree in critical areas that reside on private property. Significant trees are all large, healthy and growing coniferous trees greater than fifteen (15) inches DBH (diameter breast height at 4.5' above ground). Critical areas are wetlands, fish and wildlife habitat areas, critical aquifer recharge areas, geologically hazardous areas, and all buffer areas that are associated with these natural sensitive features. When preparing this application, please print or type the reply to each question. If you have any questions, please contact the *Development Services Center* at (253) 864-4165.

Application Fee: Free

Application Information

Applicant Information:

Name		
Street Address		
City	State	Zip
Phone	E-mail	

Location of Tree Work: (if different than the applicant's info)

Name		
Street Address		
City	State	Zip
Phone	E-mail	

Tree Work Information:

Do you own the home at the location of tree work? Yes No

Which tree service do you plan on hiring to do the requested work?

Company Name	
Contact Name (Certified Arborist)	Arborist Cert. #
Phone	E-mail

Have you contracted with this company yet? Yes No

Expected starting date of tree work: ___/___/___

Expected ending date of tree work: ___/___/___

Tree Removal:

Is the proposed tree(s) to be removed in a critical area (i.e. is the tree located in a wetland or wetland buffer, steep slope/erosion hazard area, habitat area or stream buffer)?

Yes No I do not know

Indicate the type and quantity of trees that need to be removed.

Tree Type/Species	DBH	Height	Quantity

Tree Replacement:

Will you be replacing a tree to be removed? If so, please describe the species, quantity, location, spacing and when the replant will take place for each tree type.

Tree Type/Species	Quantity	Location	Spacing	Date

Describe the work requested and anything else we should know about this tree(s). Please be as specific as possible. Please be sure to provide the justification for this tree removal proposal. If needed, you may use illustrations in the space below or attached to this permit.

CERTIFICATION:

I hereby state that I am the applicant listed above, and certify that all information contained above and in exhibits attached hereto is true and correct to the best of my knowledge and belief and is submitted for consideration by the City of Puyallup, pursuant to the provision of the Puyallup Municipal Code.

Signature of Applicant _____ Date _____

Signature of Owner _____ Date _____
(If different than the Applicant)