



FOR OFFICE USE ONLY
PLAN CHECK #:
SUBMITTAL DATE:
TARGET DATE:
EXP DATE:

TREE REMOVAL PERMIT APPLICATION

APPLICANT			DATE
ADDRESS			PHONE
CITY	STATE	ZIP	EMAIL
OWNER			DATE
ADDRESS			
CITY	STATE	ZIP	PHONE
JOB ADDRESS/LOCATION			

IN ACCORDANCE WITH THE IRVINE MUNICIPAL CODE, SECTION 5-7-410, AN ORDINANCE PROVIDING FOR THE PRESERVATION OF TREES WITHIN THE CITY OF IRVINE, REQUEST IS MADE FOR PERMISSION TO REMOVE TREES AS FOLLOWS:

CHECK ALL BOXES THAT APPLY

PUBLIC PROPERTY RESIDENTIAL OTHER NUMBER OF TREES PROPOSED FOR REMOVAL _____

PRIVATE PROPERTY COMMERCIAL

SCOPE OF WORK (LOCATION, SIZE AND TYPE OF TREE TO BE REMOVED)

INCLUDE SITE PLAN DRAWN TO SCALE SHOWING CIRCUMSTANCES OF REMOVAL AND REPLACEMENT.

REASON FOR REMOVAL

REPLACEMENT PROPOSED? YES NO If NO, why not?

REPLACEMENT TYPE (SPECIE)	QUANTITY	CURRENT USE OF PROPERTY	FUTURE USE OF PROPERTY

I agree to comply with the provisions attached to this application and all City Ordinances, Resolutions, Standards and Specifications currently in force, and to pay for the removal and proper replacement of any item installed under this permit which does not comply with the above. I agree to pay for any additional replacements in excess of the amounts shown above which may be cut or damaged as a result of any work accomplished under this permit. Inspection office to be notified at least **48 hours before work is to start** by calling **949-724-6500** between the hours of **8 a.m. and 4 p.m.** Permit will expire if work is not started in 60 days and continued to completion.

SIGNATURE OF APPLICANT

FIELD APPROVAL _____ DATE _____

COMMENTS _____

FOR OFFICE USE ONLY	PLAN CHECK FEE \$ _____	TEMPLATE # _____	RECEIPT # _____
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