



6000 Heritage Trail, Clayton, CA 94517
 925-673-7300 www.claytonca.gov

FOR OFFICE USE ONLY
File No:
Fees/Deposit:
Credit Card Approval Code:
Date Received:

Tree Removal Permit Application

1. GENERAL INFORMATION

Please complete the items listed below. Application and processing fees must be paid when the application is submitted.

Applicant	Name:	
	Address:	
	Phone:	Email:

Property Owner	Name:	
	Address:	
	Phone:	Email:

2. TREE REMOVAL INFORMATION

Attach a separate sheet to describe any additional information.

Please list each tree proposed for removal and identify the purpose of the work.

ADDRESS REQUIRING TREE REMOVAL PERMIT:	ASSESSOR'S PARCEL NUMBER:
NUMBER OF TREES TO BE REMOVED:	SPECIES OF TREES TO BE REMOVED:

Explain the reason for removing the tree(s). Attach a separate sheet as needed.

3. SUBMITTAL REQUIREMENTS

In order to assure that the general health, safety, and welfare of the community will be preserved with such temporary uses, conditions relating to each individual event may be imposed upon the applicant.

- _____ Applicable fees
- _____ Site plans
- _____ Deposit (if applicable)

Certification:

The applicant hereby agrees to comply with all the applicable sections of the City of Clayton Municipal Code, standard specifications, and all conditions attached to this approval.

I (We): <ul style="list-style-type: none">• Consent to the submission of this application• Understand that an incomplete application may be denied• Hereby declare under penalty of perjury under the laws of the State of California that the information in this application and its attachments are true, complete, and correct.• Certify to have read and understand Title 15, Chapter 15.70, found in the City of Clayton’s Municipal Code.	
APPLICANT SIGNATURE:	DATE:
Property Owner:	DATE:

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Approved by: _____	Date: _____	Notes: _____