CITY OF SIMI VALLEY
TREE REMOVAL PERMIT

Department of Environmental Services
Location & Mailing Address: 2929 Tapo Canyon Road, Simi Valley, CA 93063

FOR STAFF USE ONLY: Fee Receipt No. _____   Application No. _____

(Applicant: please fill out items 1-8 below).

(1) Applicant: _____

(2) Address and Telephone Number: _____

_____

_____

(3) Location of Site: _____

(4) Pertinent Project No.: _____

(5) Tree Report Author and Date: _____

(6) Attach an exhibit which shows the location of trees to be removed. Identify each tree with the number assigned to it in the tree report. Include a north arrow and label adjacent streets.

(7) Describe the trees to be removed (Species, trunk diameter, health, identification #):

_____

_____

_____

_____

_____

(8) Explain the reason for removal: _____

_____

_____

_____

FOR OFFICE USE ONLY:

(9) Standards from Section 9-38.080.A of the Mature Tree Preservation Ordinance which the request meets:

_____ The condition of the tree(s) with respect to disease, danger of collapse of all or any portion of the tree, proximity to an existing structure, or interference with utility services, or, in the case of a mature oak tree, interference with an addition to an existing single-family detached home warrants the removal.

_____ It is necessary to remove the tree(s) in order to construct improvements which allow economic enjoyment of the property.

_____ There is a large number of protected trees existing in the neighborhood.

_____ Good forestry practices, i.e., the number of healthy mature trees that a given parcel of land will support, warrant the removal of the tree(s).

_____ The removal of the tree(s) is necessary to construct required improvements within the public street right-of-way or within a flood control or utility right-of-way.

_____ The tree species is not suitable for use in an urban area.

(10) Is the request consistent with the tree removal program described at the time the entitlement was approved?

_____ YES   _____ NO   _____ N/A   (If "NO", explain why).

(11) Conditions of Issuance of Permit:

APPROVED:

_____   _____
Date   Stratis Perros, Deputy Director/City Planner

_____   _____
Date   Applicant