Print Form

Send completed form and attachments to:
City of Livermore
Maintenance Division
3500 Robertson Park Road
Livermore, CA 94550

LIVERMORE CALIFORNIA

If you have any questions, call the City's Maintenance Division at (925) 960-8020.

* If permit is approved, I hereby agree to do the work in accordance with City of Livermore's standards and special provisions.

City of Livermore
Tree Action Permit Application

The City of Livermore will reply by mail within 30 to 45 calendar days from receipt of your application.

SECTION 1: To be completed by property owner.

Name: _____

Address: _____

Email: _____ **Phone:** _____

_____

Location of Tree on Lot - Must attach a site plan or diagram indicating location of the tree(s) and photo of the tree(s)

Reason (check all that applies):

- ☐ Damaged beyond repair
- ☐ Dead or dying
- ☐ Disease
- ☐ Excessive maintenance
- ☐ Hazard (explain)
- ☐ Insects
- ☐ Sewer/drain problems (explain)
- ☐ Structural damage (explain)
- ☐ Suckers and seedlings
- ☐ Too close to structure(s)
- ☐ Other (explain)

Explanation or comments:

☐ Check box if additional explanation/comments are attached.

_____ _____
Property Owner's Signature* **Date**

SECTION 2: To be completed by certified arborist (required).

Business Name: _____

Arborist's Name: _____ **Phone:** _____

Certification #: _____ **Expiration Date:** _____

Type of tree(s): _____

# of trees: _____ **Circumference at breast height:** _____ **(inches)**

General description of problem with tree(s):

Recommended Action: ☐ Remove ☐ Trim ☐ Root prune ☐ Other

Replacement Species Recommendation (if applicable):

Reason for recommendation:

☐ Check box if additional explanation/comments are attached.

_____ _____
Certified Arborist's Signature* **Date**

SECTION 3: To be completed by City of Livermore.

☐ **Approved**

☐ **Denied**

Ancestral (yes or no) _____ **Protected** (yes or no) _____ **Work Order #** _____

Replacement Species **(If replacement is required):**

1. _____
2. _____
3. _____

Staff's Comments: ☐ Check box if additional explanation/comments are attached.

_____
Inspected By (Print Name) (City Arborist)

_____ _____
Signature **Date**

_____
Reviewed By (Print Name and Title)

_____ _____
Signature **Date**

Form Updated 6/1/12