CITY OF MOUNTAIN VIEW, FORESTRY DIVISION
231 NORTH WHISMAN ROAD
POST OFFICE BOX 7540
MOUNTAIN VIEW, CA 94039-7540
(650) 903-6273 M-F 8:00 AM - 4:00 PM

Fee: $116, each additional tree, same site $58

APPLICATION FOR HERITAGE TREE REMOVAL PERMIT

The undersigned owner of the property at _____

Phone No. (Home)_____ (Work)_____

hereby applies for permission to remove Heritage tree(s) as follows:

Common Name of Tree_____ Number of Trees_____

Circumference of tree 54" above ground: _____

REASON FOR REMOVAL: Check applicable box(es) below. There may be more than one reason.

Comments:_____

_____

☐ The condition of tree with respect to age of the tree relative to the life span of that particular species, disease, infestation, general health, damage, public nuisance, danger of falling, proximity to existing or proposed structures and interference with utility services.

☐ The necessity of the removal of the Heritage tree in order to construct improvements and/or allow reasonable and conforming use of the property when compared to other similarly situated properties.

☐ The nature and qualities of the tree as a Heritage tree, including its maturity, its aesthetic qualities such as its canopy, its shape and structure, its majestic stature and its visual impact on the neighborhood.

☐ Good forestry practices such as, but not limited to, the number of healthy trees a given parcel of land will support and the planned removal of any tree nearing the end of its life cycle and the replacement of young trees to enhance the overall health of the urban forest.

☐ **BALANCING CRITERIA**. In addition to the criteria referenced above which may support removal, the decision-maker shall also balance the request for removal against the following which may support or mitigate against removal:

- ☐ The topography of land and effect of the requested removal on erosion, soil retention, water retention and diversion or increased flow of surface waters.
- ☐ The effect of the requested removal on the remaining number, species, size and location of existing trees on the site and in the area.
- ☐ The effect of the requested removal with regard to shade, noise buffers, protection from wind damage and air pollution and the effect upon the historic value and scenic beauty and the health, safety, prosperity and general welfare of the area and the City as a whole.

OWNER'S PRINTED NAME_____

OWNER'S SIGNATURE_____

MAILING ADDRESS_____

CITY_____ STATE_____ ZIP_____

NOTE: This form must be returned to the Forestry and Roadway Landscape Division in its entirety upon completion by the applicant. The applicant has read and is familiar with Article II, Chapter 32 of the Mountain View City Code (copy attached). In providing the information on this form, please be aware that this information is public record subject to disclosure upon request.

(OVER)

LOCATION: Please include sketch or attach a separate piece of paper.

FOR OFFICE USE ONLY

This permit must be available at the work site at all times when the work is being done.

☐ RECOMMEND APPROVAL ☐ RECOMMEND DENIAL

_____ _____

Arborist Date

☐ APPROVED ☐ DENIED

_____ _____

Forestry and Roadway Landscape Manager Date

OBSERVATIONS/EVALUATION:_____

_____

_____

EFFECTIVE DATE:_____ (Permit expires two years from effective date.)

ACTION	DATE	CLERK
1. Applicant notified of decision by mail.	_____	_____
2. Notice posted on tree.	_____	_____
3. If no appeals, approved/denied application mailed.	_____	_____