



TREE REMOVAL/MAJOR PRUNING APPLICATION

City of Central Point Planning Department

DATE STAMP
FOR OFFICE USE ONLY

APPLICANT INFORMATION:

Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Telephone: Business: _____ Residence: _____
E-mail Address: _____

ARBORIST INFORMATION:

Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Telephone: Business: _____ Residence: _____
E-mail Address: _____

REVIEW CRITERIA: *The tree is one of the following:*

- Unsafe, Dead, or Diseased as determined by a certified arborist
- In conflict with public improvements
- Is part of an approved development project, a public project where no alternative is available, or is part of a street tree improvement program

OWNER OF RECORD: (Attach Separate Sheet If More Than One):

Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Telephone: Business: _____ Residence: _____

PROJECT DESCRIPTION:

Township: _____ Range: _____ Section: _____ Tax Lot(s): _____
Location of Tree: _____
Is the tree located near a street, sidewalk or planter strip along a sidewalk? Yes No
Has Central Point City Staff identified the tree as being on the tree inventory? Yes No
Type of Tree: _____
Size of Tree(s) in height and width: _____
Reason for Removal or Major Pruning: _____

Applicant will replace the tree: Yes No
If the tree is located in a public right-of-way, will the applicant pay the City of Central Point for the amount of the tree? Yes No
Zoning District: _____

REQUIRED SUBMITTALS:

- Application Form
- Written Authority from Property Owner if Agent in application process
- Scaled drawing showing all trees being removed and showing where new trees will be planted
- Letter from Certified Arborist addressing the review criteria (see above)

I HEREBY STATE THAT THE FACTS RELATED IN THE ABOVE APPLICATION AND THE PLANS AND DOCUMENTS SUBMITTED HERewith ARE TRUE, CORRECT, AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

I certify that I am the: Property Owner or Authorized Agent of Owner of Project Site

Signature: _____ Date: _____

Staff Use Only: How was the status of the tree determined? (Circle)

Development Conditions in Planning File No. _____ Significant Tree List Site Visit ROW

FOR PLANNING DEPARTMENT USE ONLY

Application Accepted As Complete on: _____
Land Use Case File No. _____
30th Day for Land Use or Limited land Use Decision: _____