



TREE REMOVAL PERMIT

(Please Print)

Property Owner/Applicant: _____

Address of Project Site: _____

E-mail address: _____ Phone: _____

Is applicant the owner of the property for which this permit is requested? Yes No
If NO, give name of Authorized Agent.

Name of Authorized Agent: _____ Phone: _____

Address: _____

Street address of property on which tree is located: _____

Tree species, size, and location of tree to be removed: _____

Reason for tree removal: _____

It is acknowledged that, if required as a condition of approval of this permit application, I will provide a replacement tree pursuant to Vacaville Municipal Code Section 14.09.250.060.F, within six (6) months of removal as per the planting requirements on the reverse side of this form.

Applicant's Signature Mailing Address Date

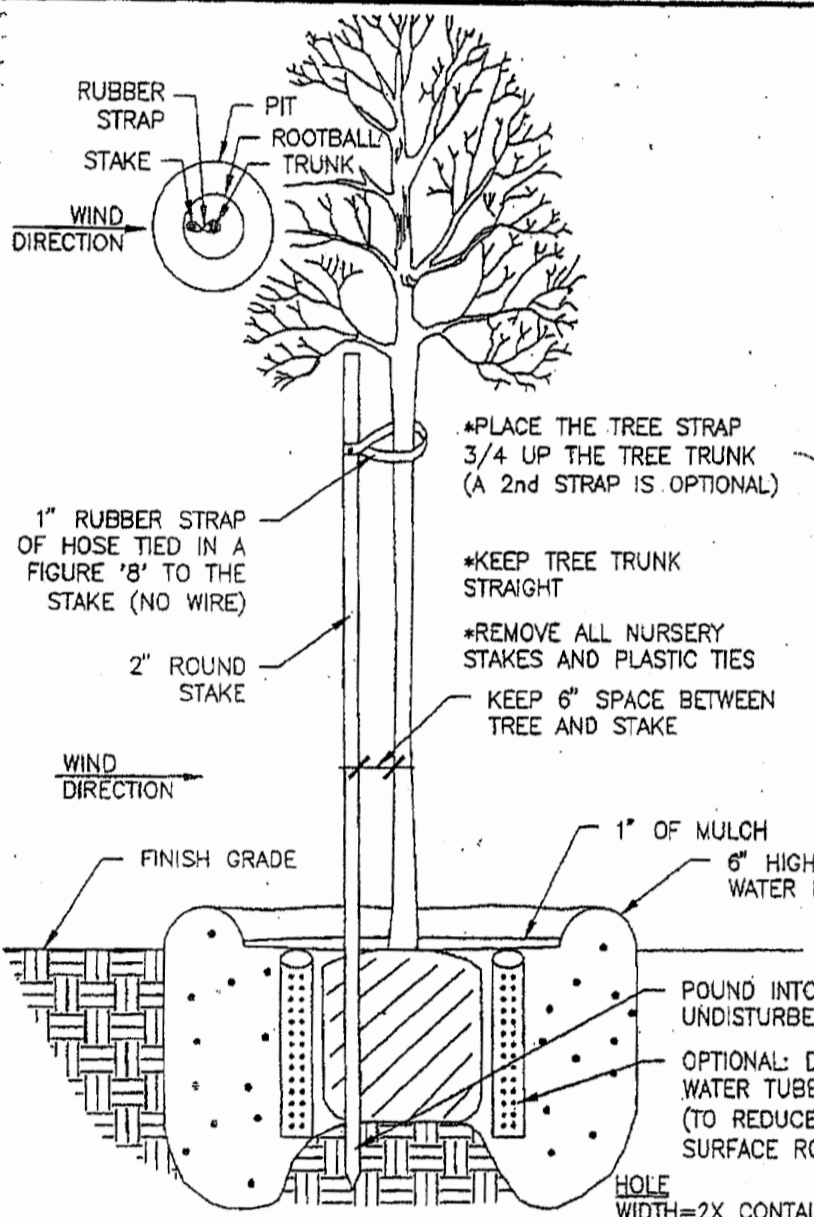
FOR PLANNING DIVISION USE ONLY

ACTION: Approved Denied Replant in 6 months

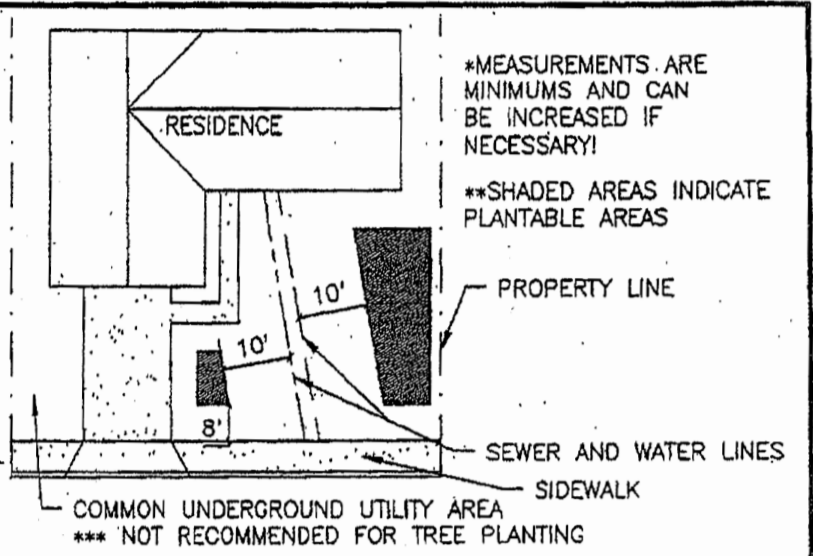
Date: _____

PEYMAN BEHVAND, Planning Manager

ADDITIONAL CONDITIONS: _____



PLANTING DETAIL
FOR A 15 GALLON SIZE TREE



SAMPLE LAYOUT PLAN

PLANTING NOTES:

1. PLANT TOP OF ROOT BALL LEVEL WITH THE FINISH GRADE OUTSIDE THE WATER RING - SEE DETAIL.
2. SOIL AMENDMENT IS OPTIONAL.
3. MULCH THE SOIL SURFACE WITHIN THE WATER RING AND WATER BOTH SLOWLY AND DEEPLY.
4. IF TREE IS PLANTED IN THE LAWN, PLEASE WATER IT DEEPLY IN ADDITION TO LAWN WATERING.
5. IF YOU HAVE ANY QUESTIONS ON TREE PLANTING OR CARE PLEASE CALL PARK MAINTENANCE AT 469-6500.

STREET TREE PLANTING

SCALE: NONE
DATE: 9/9/99
DRAWN: N.B.
REVISED: G.S.
APPROVED BY

PUBLIC WORKS DEPT.
CITY OF VACAVILLE