



For Office Use Only: Application #TR \_\_\_\_\_

Parks & Recreation Department  
323 Church St, Santa Cruz CA 95060  
Ph: (831) 420-5270 | Fax: (831) 420-5271

- Heritage Tree Alteration/Removal – **\$50 fee**  
**(2 or more trees additional \$20/tree)**
- Emergency Tree Alteration/Removal
- Dead Tree Verification
- Non-Heritage Street Tree Alteration/Removal
- Street Tree Planting

**TREE PERMIT APPLICATION**  
**(This form is not a permit)**

Property Owner Name: \_\_\_\_\_ Date: \_\_\_\_\_

Tree Site Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Property Owner Applicant

**State the reason for your request for tree removal/alteration:**

**Other:** \_\_\_\_\_

SPECIES	QTY	REMOVE	PRUNE	DEAD	PLANT	RELOCATE	ADDITIONAL COMMENTS

***This section is only to be completed if you are a property agent or tree service representing the above referenced property:***

Agent Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
**(if other than Property Owner or Applicant)**

Agent Signature: \_\_\_\_\_

Qualified Person or Tree Service Performing Work: \_\_\_\_\_ (if getting bids, leave blank)

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City or State Business License # \_\_\_\_\_

**In order to process a Tree Permit Application, the City Arborist and/or designed City staff must enter onto your property to inspect the tree(s).  
By applying for a Tree Permit, you are consenting to an on-site inspection.**

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Inspected by: \_\_\_\_\_ Position: \_\_\_\_\_ Date: \_\_\_\_\_

Recommendations: \_\_\_\_\_

Received by: \_\_\_\_\_ Entered by: \_\_\_\_\_ Fees Paid: \$ \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_ Received by: \_\_\_\_\_

