THE CITY OF PLEASANTON

Community Development
Application for Heritage Tree Removal

Date: _____

The undersigned owner of the property at _____ (street address)

Phone No. (Home) _____ (Work) _____ (Cell) _____

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

Species (if known): _____ Number of trees: _____

Circumference of trunk at 4½ ft. above ground: _____ inches. Estimated height: _____ feet.

Reason for removal: _____

_____

_____

_____

Location: ☐ Front yard? ☐ Back yard?
(Please draw a sketch or attach a separate piece of paper)

_____
Owner's Printed Name

_____
Owner's Signature

_____
Mailing Street Address

_____
City, State, Zip Code

NOTE: This form must be returned to the City Landscape Architect, P.O. Box 520, Pleasanton, CA 94566, or by fax to (925) 931-5477, in its entirety upon completion by the applicant. The applicant has read and is familiar with Chapter 17.16, Tree Preservation of the Pleasanton Municipal Code (copy attached).

FOR OFFICE USE ONLY

_____ Approved

_____ Denied

_____ _____
City Landscape Architect Date

NOTES: _____

_____

_____

_____

ACTION	DATE	
1. Applicant notified of decision by mail.	_____	_____
2. _____	_____	_____
3. _____	_____	_____