



## APPLICATION FOR ADMINISTRATIVE TREE REMOVAL

This application is for the removal of three or less trees not combined with any development permit that requires discretionary approval. Removal of over three trees requires a discretionary permit. If it is believed that the tree(s) is/are a hazard, an ISA Tree Hazard Evaluation Form shall be required with the submittal of the completed application.

Based on the site plan, photos, report prepared by a County-approved tree consultant, and other information submitted by the applicant, the Monterey County RMA-Planning Department shall make a determination pertaining to the removal of trees.

All tree removal permits approved by the County are subject to conditions of approval. The approved permit(s) shall not be complete until all conditions are met. A copy of the approved tree removal permit(s) must be posted on each tree proposed to be removed for 10 days prior to removal. A copy of the approved tree removal permit must be retained on-site during removal operations.

Excessive tree pruning resulting in the removal of over one-third of green foliage requires a tree removal permit.

|                                |
|--------------------------------|
| <b>FILE NUMBER</b>             |
|                                |
| <b>ASSOCIATED WITH PERMITS</b> |
|                                |

DATE STAMP:

| PROJECT INFORMATION                                 |                             |                                                          |
|-----------------------------------------------------|-----------------------------|----------------------------------------------------------|
| ADDRESS                                             | CITY/STATE                  | ZIP                                                      |
| NEAREST CROSS-STREET                                | ASSESSOR'S PARCEL NUMBER(S) |                                                          |
| REASON FOR TREE REMOVAL:                            |                             |                                                          |
| ANY PRIOR TREE REMOVAL PERMITS ON LISTED PARCEL(S)? |                             | YES <input type="checkbox"/> NO <input type="checkbox"/> |

| OWNER/APPLICANT INFORMATION |            | Owner <input type="checkbox"/> Agent <input type="checkbox"/> |
|-----------------------------|------------|---------------------------------------------------------------|
| NAME                        | PHONE      |                                                               |
| MAILING ADDRESS             | CITY/STATE | ZIP                                                           |
| FAX                         | E-MAIL     |                                                               |

| CONSULTANT INFORMATION |                         |        | Arborist <input type="checkbox"/> Forester <input type="checkbox"/> Other: _____ |
|------------------------|-------------------------|--------|----------------------------------------------------------------------------------|
| NAME                   | PHONE                   |        |                                                                                  |
| MAILING ADDRESS        | CITY/STATE              | ZIP    |                                                                                  |
| FAX                    | LICENSE/CERTIFICATION # | E-MAIL |                                                                                  |

| TREE REMOVAL CONTRACTOR INFORMATION |                         |        |  |
|-------------------------------------|-------------------------|--------|--|
| NAME                                | PHONE                   |        |  |
| MAILING ADDRESS                     | CITY/STATE              | ZIP    |  |
| FAX                                 | LICENSE/CERTIFICATION # | E-MAIL |  |

| SUBJECT TREE(S) |         |          |                                         |
|-----------------|---------|----------|-----------------------------------------|
| QUANTITY        | SPECIES | DIAMETER | REASON (e.g. DEAD, DISEASED, HAZARDOUS) |
|                 |         |          |                                         |
|                 |         |          |                                         |
|                 |         |          |                                         |
|                 |         |          |                                         |
|                 |         |          |                                         |
|                 |         |          |                                         |

County shall not be responsible for any damage to property or persons caused by or related to trees located on private property. It is the property owner's responsibility to maintain all trees on his or her property in a reasonable and safe manner, and any inspection performed by the County is limited to advisory assessment only.

I am hereby consenting, permitting and authorizing County representatives to, as necessary, enter onto my property to conduct any inspection in order to determine whether a permit/waiver should be issued. I agree to comply with all County and State laws relating to vegetation removal, disposal and transport. I acknowledge that it is unlawful to alter the substance of any official Monterey County form or document. I acknowledge that no work on the subject tree(s) is permitted until written County approval is given.

Signature of Property Owner \_\_\_\_\_  
(Can only be signed by Property Owner)

\*Monterey County reserves the right to take action against any and all parties for the violation of applicable ordinances.

**FOR DEPARTMENT USE ONLY**

| GENERAL INFORMATION                                                    |                            |                                                                                                                                                                                  |
|------------------------------------------------------------------------|----------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| RECEIVED BY:                                                           | AREA PLAN / LAND USE PLAN: | MATERIALS RECEIVED                                                                                                                                                               |
| PLANNER ASSIGNED:                                                      |                            | ISA TREE HAZARD EVALUATION FORM REPORT PHOTOS SITE PLAN OTHER: _____                                                                                                             |
| DIRECTOR OF PLANNING:<br>ZONING ADMINISTRATOR:<br>PLANNING COMMISSION: |                            | YES <input type="checkbox"/> NO <input type="checkbox"/><br>YES <input type="checkbox"/> NO <input type="checkbox"/><br>YES <input type="checkbox"/> NO <input type="checkbox"/> |

| PRIOR TREE REMOVAL ON PARCEL                |                                                          |
|---------------------------------------------|----------------------------------------------------------|
| Number of tree permits granted for the APN: |                                                          |
| Number of trees removed (in total):         |                                                          |
| Are prior conditions met?                   | Yes <input type="checkbox"/> No <input type="checkbox"/> |

| FINDINGS                                                                                                                                                                                            |                                                                                                                                                                                                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| In order to grant the permit for tree removal, the following findings based on substantial evidence shall be made:                                                                                  |                                                                                                                                                                                                          |
| INLAND <input type="checkbox"/> (Chapter 21.64.260)                                                                                                                                                 |                                                                                                                                                                                                          |
| Is the tree removal the minimum required under the circumstances of the case?                                                                                                                       | YES <input type="checkbox"/> NO <input type="checkbox"/>                                                                                                                                                 |
| Does tree removal involve possible adverse environmental impacts?                                                                                                                                   | YES <input type="checkbox"/> NO <input type="checkbox"/>                                                                                                                                                 |
| If yes, what type of environmental impacts?                                                                                                                                                         |                                                                                                                                                                                                          |
| Reason                                                                                                                                                                                              | <input type="checkbox"/> Dead <input type="checkbox"/> Injured/Dying <input type="checkbox"/> Disease/Insects <input type="checkbox"/> Endangering Structure(s)<br><input type="checkbox"/> Other: _____ |
| Landmark tree(s)? Y <input type="checkbox"/> N <input type="checkbox"/>                                                                                                                             | Is the removal within a riparian corridor? Y <input type="checkbox"/> N <input type="checkbox"/>                                                                                                         |
| COASTAL <input type="checkbox"/> (Chapter 20.144.050, 20.145.060, 20.146.060, and 20.147.050)                                                                                                       |                                                                                                                                                                                                          |
| <input type="checkbox"/> The tree(s) approved for removal has/have been determined to be hazardous tree(s) and posing an immediate danger to _____.                                                 |                                                                                                                                                                                                          |
| <input type="checkbox"/> The tree(s) approved for removal is/are diseased and threaten to spread the disease to nearby forested areas as verified by a qualified forester/certified arborist. _____ |                                                                                                                                                                                                          |
| Does the tree removal cause critical viewshed impacts? Y <input type="checkbox"/> N <input type="checkbox"/>                                                                                        | Landmark tree(s)? Y <input type="checkbox"/> N <input type="checkbox"/>                                                                                                                                  |
| Is the proposed removal a native Cypress tree/in a Cypress habitat? Y <input type="checkbox"/> N <input type="checkbox"/>                                                                           | Is the removal within a riparian corridor? Y <input type="checkbox"/> N <input type="checkbox"/>                                                                                                         |

| CONDITIONS OF APPROVAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CONDITIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | COMPLIANCE ACTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <input type="checkbox"/> <b>TREE REPLACEMENT:</b> Within 60 days of permit approval, the applicant shall mitigate for loss of habitat as follows:<br>1. <input type="checkbox"/> Replace each tree removed:<br><input type="checkbox"/> Ratio: _____, with same tree type.<br><input type="checkbox"/> Within same general location as tree(s) removed.<br><input type="checkbox"/> Not within same general location as the tree removed.<br>Reason: _____<br><input type="checkbox"/> Different species of tree. Reason: _____<br>2. <input type="checkbox"/> Alternatives to replacement (Relocation/ Fee Program): _____<br>3. <input type="checkbox"/> No replacement. Reason: _____<br>4. <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Evidence of tree replacement shall be submitted to the RMA-Planning Department. Evidence shall be a receipt for the purchase of the replacement tree(s) and photos of the replacement tree(s) being planted.<br>Condition met? <input type="checkbox"/> Date: _____<br><br><input type="checkbox"/> - One year after the planting of the replacement tree(s), a letter shall be prepared by a County-approved tree consultant reporting on the health of the replacement tree(s) and whether or not the tree replacement was successful or if follow-up remediation measures or additional permits are required.<br>Condition met? <input type="checkbox"/> Date: _____ |
| <input type="checkbox"/> <b>TREE AND ROOT PROTECTION:</b> Prior to beginning any tree removal, trees which are located close to trees approved for removal shall be protected from inadvertent damage from equipment or tree removal activity by fencing off the canopy drip-lines and/or critical root zones (whichever is greater) with protective materials.<br><br><input type="checkbox"/> Tree protection measures from a County-approved tree consultant in addition to the standard condition: _____                                                                                                                                                                                                                         | <input type="checkbox"/> - Submit evidence of tree protection to the RMA-Planning Department for review and approvals.<br>Condition met? <input type="checkbox"/> Date: _____<br><br><input type="checkbox"/> - Submit photos of the trees on the property to the RMA-Planning Department after construction or tree removal to document that the tree protection has been successful or if follow-up remediation measures or additional permits are required.<br>Condition met? <input type="checkbox"/> Date: _____                                                                                                                                                                            |
| <input type="checkbox"/> <b>RAPTOR/MIGRATORY BIRD NESTING:</b> Any tree removal activity that occurs during the typical bird nesting season (February 22-August 1), the County of Monterey shall require that the project applicant retain a County qualified biologist to perform a nest survey in order to determine if any active raptor or migratory bird nests occur within the project site or within 300 feet of proposed tree removal activity. During the typical nesting season, the survey shall be conducted no more than 30 days prior to ground disturbance or tree removal. If nesting birds are found on the project site, an appropriate buffer plan shall be established by the project biologist.                 | <input type="checkbox"/> - Project applicant shall submit, to the RMA-Planning Department, a nest survey prepared by a County qualified biologist no more than 30 days prior to ground disturbance or tree removal to determine if any active raptor or migratory bird nests occur within the project site or immediate vicinity.<br>Condition met? <input type="checkbox"/> Date: _____                                                                                                                                                                                                                                                                                                         |
| <input type="checkbox"/> <b>NO CONDITIONS REQUIRED:</b> Reason: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |

|                                   |                                  |       |
|-----------------------------------|----------------------------------|-------|
| APPROVED <input type="checkbox"/> | # of trees approved for removal: |       |
| DENIED <input type="checkbox"/>   | # of trees denied for removal:   |       |
| Planner:                          | Planning Team:                   | Date: |
|                                   |                                  |       |