

OAK/LANDMARK TREE PERMIT – TYPE C and D or MODIFICATION TO ABOVE APPLICATION AND INSTRUCTIONS

This application package is to be **submitted in person** at the Community Development Department public counter, located at 2100 E. Thousand Oaks Boulevard, Thousand Oaks, California, 91362. Please call (805) 449-2323 for hours of operation.

IMPORTANT: Please follow the application submittal instructions detailed below. Failure to complete the application package as required may result in your package being rejected at time of submittal.

Once your application is filed, the City has 30 days to review all submitted items and determine if it is complete for processing. If it is not deemed complete for processing, you will be notified in writing of the missing information. You must resubmit the additional items which triggers another 30-day review period.

1. **Application:** The application shall be typed or printed legibly, in blue or black ink, with all requested information completed. The application must be submitted with an original signature before your application will be accepted as complete for processing.
2. **Filing Fee:** The Thousand Oaks Municipal Code requires a fee be paid at the time of filing to cover the costs incurred by staff in processing of the application. Refer to the City's Fee Schedule or contact the Community Development Department at (805) 449-2323.
3. **Agreement for Payment and Deposit:** Completed and signed with an original signature. Faxes or copied signatures are not accepted.
4. **Oak/Landmark Tree Report:** Two (2) copies of the report must be submitted with your application. The City reserves the right to request more copies of the report in order to efficiently process your application package. Reports must include the following information for this submittal:
 - Site Plan drawn at a minimum of 1":100' scale and shall include the location of existing structures and/or other improvements, distances of structures/improvements to the oak/landmark tree dripline, all mature vegetation, and a vicinity map.
 - Grading Plan (when applicable)
 - Oak/Landmark Tree Report that includes all information required by the City's Oak Tree and Landmark Tree Preservation Guidelines
 - Photographs
 - Contact the Community Development Department to determine if supplemental plans are required for your submittal.

NOTE: ALL PLANS are to be folded to a size of no less than 8½" x 11" and no greater than 8½" x 13" and shall display the Title Block in the lower right-hand corner as well as a North Arrow. Plans shall be grouped (e.g., all Plot Plans folded individually and secured in one group). Plans collated into sets **WILL NOT BE ACCEPTED**.

5. **Electronic Files:** Submit a CD or USB/Flash drive containing a .pdf version of all plans and reports submitted with this application.

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Community Development Department

2100 Thousand Oaks Boulevard • Thousand Oaks, CA 91362
Planning Division • Phone 805/449.2323 • Fax 805/449.2350 • www.toaks.org
Building Division • Phone 805/449.2500 • Fax 805/449.2575 • www.toaks.org

CITY PROJECT #: _____

OAK/LANDMARK TREE PERMIT – TYPE C and D OR MODIFICATION TO ABOVE APPLICATION AND AFFIDAVIT

Type of Permit being Requested: Oak Tree Permit Type C Type D
 Landmark Tree Permit Type C Type D

I. APPLICANT INFORMATION (not applicant's representative or project coordinator)

Name (person and firm/corporation): _____
Company/Organization (if applicable): _____
Address: _____
City/State/Zip: _____
Phone: (_____) _____ Fax: (_____) _____
Email: _____

II. APPLICANT'S REPRESENTATIVE/PROJECT COORDINATOR INFORMATION

Name (person and firm/corporation): _____
Company/Organization (if applicable): _____
Relationship of Project Coordinator to Applicant: _____
Address: _____
City/State/Zip: _____
Phone: (_____) _____ Fax: (_____) _____
Email: _____

III. PROPERTY OWNER INFORMATION (if different than Applicant)

Name (person and firm/corporation): _____
Company/Organization (if applicable): _____
Address: _____
City/State/Zip: _____
Phone: (_____) _____ Fax: (_____) _____
Email: _____

IV. PROPERTY INFORMATION

Property Location (street address and location description): _____

Property Use: Commercial Industrial Institutional
 Residential Other _____

Property Acreage: Gross: _____ Net: _____

Are there any special setbacks existing by deed? _____

Identify deed restrictions, existing and proposed: _____

Current zoning of the property is: _____.

V. REQUEST

Describe in detail the purpose of your request and the location of the affected trees. Be sure to indicate the number of trees to remove, prune, or encroach within the protected zones of:

VI. AFFIDAVIT*

I declare under penalty of perjury, that I, _____, am the (circle one) owner, attorney of the owner, person with power of attorney from the owner of the property involved in this application, or lessee who holds a written lease, the terms of which authorize the use for which the permit is sought, and that the foregoing is true and correct.

Executed at (city) _____, California, this _____ day of _____, 20_____.

Printed Name, and Title

Signature

***IF THE PROPERTY OWNER/APPLICANT** is a Corporation, the names, addresses and titles of all officers of the Corporation shall accompany this application. If the property owner/applicant is a General Partner, the name and address of all General Partners shall accompany this application.

(For Department Use Only)
Fee \$ _____ Date received: _____ Received by: _____





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OAK/LANDMARK TREE PERMIT – TYPE C and D OR MODIFICATION TO ABOVE JUSTIFICATION STATEMENT

All applications of an Oak/Landmark Tree Permit require a written statement by the applicant indicating the reason(s) why the request should be approved. The Community Development Department will base its decision on the applicant's ability to make the findings required by the Ordinance and the Tree Preservation Guidelines. (See Section 5-14.01 of the Thousand Oaks Municipal Code and Section IV of the Oak Tree Preservation and Protection Guidelines).

Please use the space below for this purpose and attach additional pages if necessary.



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AGREEMENT FOR PAYMENT OF COSTS EXCEEDING SUBMITTED DEPOSIT

SIGN AND RETURN this form to the Community Development Department, City of Thousand Oaks with submittal of your project application(s). To process your application for the project identified below, you are charged based on the City's current User Fee Manual, at a time and material rate which may include charges for the actual cost of City staff time, City-paid consultants and any materials* necessary to process the application.

I _____ am the person responsible for Payment and I agree to pay any additional sum exceeding my submitted deposit, based on actual cost of staff time, consultant time, and materials*. (Refer to City's User Fee Manual for hourly staff time rates.)

I acknowledge and agree that: 1) I may be required to pay an additional deposit once 75% of the original is exhausted; 2) I will pay all invoiced payments within 30 days of the date of the invoice; 3) the City reserves the right to stop work on a project if payments for invoices are not received.

If the total cost of processing the application is less than the deposit, the City will direct the refund balance to the person/entity that submitted the deposit unless stated otherwise below. Refunds are processed once all staff, consultant and/or material related to the project have been completed.

I FURTHER AGREE THAT IF THE PROJECT APPLICANT OR PROPERTY OWNER CHANGES DURING APPLICATION PROCESSING, I WILL REMAIN FULLY RESPONSIBLE FOR PAYMENT OF ALL AMOUNTS UNDER THIS AGREEMENT UNTIL A FULLY EXECUTED AGREEMENT BY THE NEW PROJECT APPLICANT OR PROPERTY OWNER HAS BEEN RECEIVED AND ACKNOWLEDGED BY THE CITY.

*Materials are defined as any City expense (such as legal advertisements, mailings, signage, duplication, CDs/DVDs, or other applicable materials) reasonably incurred due to the processing of your application.

PROJECT AND PROPERTY IDENTIFICATION

Person or Entity work is being completed for: _____

Property Owner Name(s): _____

Project Location(s)**: _____

Project Description: _____

**Specify property street address(es). If street address is not available, please specify the assessor's parcel number(s). If any of the listed projects are located in a City Right-of-Way or easement and do not have a specific address or assessor's parcel number, you must obtain a new address from the Public Works Department prior to application(s) submittal to the City.

AGREEMENT FOR PAYMENT

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PARTY RESPONSIBLE FOR PAYMENT

Responsible Party Signature: _____ Date: _____

Print Name: _____ Company: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ Email: _____

INVOICES MAILED TO (If different then Party Responsible for Payment.)

Contact Name: _____ Company: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ Email: _____

REFUNDS:

In the event that the deposit(s) exceeds the costs associated with the project, the excess deposit will be returned to the entity that made the payment. If the refund should go to another party, please complete this section.

Contact Name: _____ Company: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ Email: _____

Property Owner Signature: _____ Company: _____

Applicant Signature: _____ Company: _____

Project Coordinator Signature: _____ Company: _____

FOR CITY USE ONLY

Date Agreement Received: _____ Received by: _____

Project/Case # assigned: _____

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