

# Oak Tree Verification (Type A)

## Exempt from the Oak Tree Preservation and Protection Standards



**PROPERTY INFORMATION (location of oak tree)**

Name (person and firm/corporation): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Phone: (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_  
 Request: \_\_\_\_\_  
 Tree Location on the Property\*: \_\_\_\_\_

\*A Site Plan depicting the location of the tree on the property may be attached.

**ACKNOWLEDGEMENT**

[I] [We] the undersigned, state:

[I am] [We are] the owner(s) or the duly authorized representative of the owner(s) of the real property described above.

[I am] [We are] aware of, and accept, all of the Conditions of Approval specified below.

Executed this \_\_\_\_\_ date of \_\_\_\_\_, 20\_\_\_\_.

[I] [We] certify (or declare) under penalty of perjury that the foregoing is true and correct.

\_\_\_\_\_

Signature Print Name

**OFFICIAL USE** **CITY PROJECT #:** \_\_\_\_\_

The subject tree(s)/branch(es) is/are not dead nor considered imminently hazardous and is/are not approved for removal.

Comment (required): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

The subject tree(s)/branch(es) is/are dead/hazardous and is/are approved for removal subject to the following **Conditions of Approval** (check all that apply):

The applicant shall provide one fifteen (15) gallon replacement oak tree on the property and contact a City Planner after planting\*\*. The applicant may contact a City Planner to determine if donation of an oak tree for planting in an off-site location is an alternative. Additionally, the applicant is responsible for all costs, including but not limited to, the delivery and planting of the replacement oak tree(s).

The stump shall be ground (2" below surface) or completely removed and the hole filled with soil.

Approval does not impose any liability for damages or a duty of care and maintenance upon the City or upon any of its officers or employees. The person in possession of any oak tree has the responsibility to keep the tree(s) in a safe and healthy condition.

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

**Authorized by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Phone - (805) 449-2323      Email - [planning@toaks.org](mailto:planning@toaks.org)