



**Community Development Department**  
 9291 Old Redwood Highway  
 P.O. Box 100  
 Windsor, CA 95492-0100  
 Planning: (707) 838-1021 / Fax: (707) 838-7349  
 Website: townofwindsor.com

## TREE REMOVAL PERMIT APPLICATION

<b>Applicant Name:</b>		<b>Permit Number:</b>	
<b>Applicant Mailing Address (street number and name, city, state, zip code):</b>			
<b>Phone No:</b>		<b>Fax No:</b>	
<b>E-mail Address:</b>			
<b>Tree Information</b>			
<b>Address of Property (street number and name, city, state, zip code):</b>			
<b>Assessor's Parcel Number:</b>			
<b>Tree Location on Site (check all that apply):</b> <input type="checkbox"/> Front Yard <input type="checkbox"/> Back Yard <input type="checkbox"/> Side Yard <input type="checkbox"/> Other:			
<b>Number of Trees Requested for Removal:</b>			
<b>Reason for Removal:</b>			
<b>Tree Species (if known):</b>			
<b>Submittal Requirements</b>			
<input type="checkbox"/>	Site Plan showing location, existing structures, etc.		
<input type="checkbox"/>	Arborist Report prepared by a certified arborist (may be subject to peer review if Town arborist is not used, cost to be paid by applicant)		
<input type="checkbox"/>	Photo (digital or paper) of tree(s) to be removed.		
<input type="checkbox"/>	Property Owner authorization (signature on permit below or written authorization)		
<b>Owner/Applicant Statement</b>			
1. In compliance with the Town of Windsor Zoning Ordinance Chapter 27-36, I am requesting permission to remove tree(s) from the property as described above. I understand that there are criteria that must be satisfied to be issued a permit to remove a tree.			
2. I understand that removal of a protected tree is strictly prohibited until the Town of Windsor authorizes removal through this permit. I am the property owner (or have provided written authorization from the property owner) of the above referenced property where tree removal is being requested. I understand that I am responsible for payment of any peer review fees associated with the arborist report. I further understand that removal of a protected tree without express written authorization may subject me to fines, penalties, and/or other code enforcement actions.			
<b>Name (Print):</b>		<b>Signature:</b>	
		<b>Date:</b>	
<b>To Be Completed By Staff</b>			
The above requested Tree Removal Permit has been reviewed and all the appropriate documentation has been submitted. This Tree Removal permit is <input type="checkbox"/> <b>APPROVED</b> <input type="checkbox"/> <b>DENIED</b> . This permit is subject to compliance with the Town of Windsor Zoning Ordinance and the Town of Windsor Tree Technical Manual. Additional conditions, as applicable, are attached for reference.			
<b>Permit Approval Date:</b>		<b>Permit Expiration Date:</b>	
<b>Staff Name:</b>		<b>Staff Signature:</b>	