



**GENERAL SERVICES DEPARTMENT**

965 Fir Street  
P.O. Box 3420  
Chico, CA 95927-3420

(530) 896-7800  
Fax (530) 895-4731  
<http://www.ci.chico.ca.us>

**CITY OF CHICO**

**APPLICATION REQUESTING PERMISSION  
TO PLANT, REMOVE, ALTER OR DISTURB PUBLIC TREES**

Property Owner: \_\_\_\_\_ Representative: \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Representative's Name: \_\_\_\_\_

Owner's Address: \_\_\_\_\_ Representative's Address: \_\_\_\_\_

Owner's Phone Number: \_\_\_\_\_ Representative's Phone Number: \_\_\_\_\_

**REQUEST TO:** \_\_\_\_\_ Plant \_\_\_\_\_ Remove \_\_\_\_\_ Alter \_\_\_\_\_ Disturb

Number of tree(s): \_\_\_\_\_

Location of tree(s): \_\_\_\_\_  
(Address)

Diameter of tree(s): \_\_\_\_\_ Species of tree(s): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for request: (Enclose a map showing the exact location of the tree(s) and any proposed improvements along with any other documents which will help explain your request)

**Please, allow at least 10 working days for the Urban Forest Manager to process application.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ONLY QUALIFIED TREE SERVICES MAY PERFORM WORK ON CITY TREES**

Tree Service Performing Work: \_\_\_\_\_ Phone #: \_\_\_\_\_

Chico Business License #: \_\_\_\_\_ California Contractor's License #: \_\_\_\_\_

Certified Arborist #: \_\_\_\_\_ **Attach Copy of Certificate of Liability Insurance**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Property Owner or Authorized Representative

**CITY OF CHICO**  
**PERMIT TO**  
**PLANT, REMOVE, ALTER OR DISTURB PUBLIC TREES**

TO:

DATE:

Your application requesting permission to plant, remove, alter, or disturb public trees

at (location of tree) \_\_\_\_\_

has been:

\_\_\_\_\_ Approved subject to the condition(s) listed below.

- Grind out the stump and replace grindings with vira loam soil.
- Replant a new 15-gallon tree according to City Standards.
- Pruning to be in accordance with ANSI Standards.

\_\_\_\_\_ Denied for the reason(s) listed below.

- Tree is not dead, dying, or dangerous.

**Appeal Procedure:** Should you disagree with this and wish to appeal this decision, you must submit a written letter addressed to the Bidwell Park and Playground Commission within 15 days of the receipt of this notice of denial. Any appeal submitted will be placed on the next regular meeting of the Bidwell Park and Playground Commission (last Monday of each month).

If the above condition(s) is/are agreeable to you, please sign both copies and return them to the Park Department at the address listed above. A copy, signed by a representative of the City, will be returned to you and will be your permit to perform the authorized work.

I hereby acknowledge that I both understand and agree to comply with the conditions of the permit as listed above.

\_\_\_\_\_  
(Date) Signature of property owner or representative.

\_\_\_\_\_  
(Date) Urban Forester or authorized City Representative

Distribution: (When fully executed)

\_\_\_ GSD \_\_\_ CDD \_\_\_ BO \_\_\_ ADPW-ENGR \_\_\_ PL DIR \_\_\_ UF