



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)

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

