

CITY OF PACIFICA
DEPARTMENT OF PUBLIC WORKS - FIELD SERVICES DIVISION
540 Crespi Dr. PACIFICA, CA 94044
650-738-3760 650-738-9747 (fax) DPWassistance@ci.pacifica.ca.us
HERITAGE TREE APPLICATION

THIS SECTION IS A PERMIT APPLICATION ONLY.
IT DOES NOT GUARANTEE ISSUANCE OF PERMIT NOR GIVE PERMISSION TO BEGIN WORK

PERMIT NUMBER: _____ DATE: _____ PAID: _____ RECEIPT NUMBER: _____

APPLICANTS NAME: _____ PHONE NUMBER: _____

ADDRESS: _____

1) LOCATION OF TREE(S): _____
(ATTACH A SKETCH OR PLOT OF PROPERTY)

2) VARIETY OF TREE(S): _____ TOTAL NUMBER OF TREE(S): _____

3) ACTION REQUESTED:
 removal / destruction construction affecting dripline other (please specify)
 move designate as Heritage Tree

4) JUSTIFICATION (STATE THE REASON WHY THE ACTION IN SECTION 3 IS BEING REQUESTED): _____

5) SIGNATURE OF PROPERTY OWNER: _____
(by signing, you are granting permission for the City of Pacifica to inspect tree(s) on your property)

THE PERMITTEE AND/OR PROPERTY OWNER BY ACCEPTANCE OF THIS PERMIT, AGREES TO INDEMNIFY, DEFEND AND HOLD HARMLESS THE CITY OF PACIFICA FROM AND AGAINST ANY AND ALL CLAIMS, DEMANDS AND LEGAL ACTIONS FOR INJURIES OR DAMAGES TO PERSONS OR PROPERTY RESULTING FROM OPERATIONS OR MAINTENANCE UNDER THIS PERMIT, REGARDLESS OF PASSIVE NEGLIGENCE OF THE CITY OF PACIFICA, ITS OFFICERS, EMPLOYEES, CONSULTANTS AND AGENTS, AND AGREES TO COMPENSATE THE CITY IN FULL FOR ALL DAMAGES TO PROPERTY OF THE CITY OR TO PUBLIC PROPERTY UNDER ITS JURISDICTION RESULTING FROM OPERATIONS OR MAINTENANCE UNDER THIS PERMIT.

*****APPLICANT - DO NOT COMPLETE BELOW THIS LINE*****

HERITAGE TREE ORDINANCE - PERMIT

IN ACCORDANCE WITH THE APPLICATION EXECUTED ABOVE, PERMISSION IS: GRANTED DENIED

EFFECTIVE DATE: _____ EXPIRATION DATE: _____ EXTENTION EXPIRATION: _____

SUBJECT TO THE FOLLOWING CONDITIONS:
 to be done by a professional tree service with a City of Pacifica business license
 debris to be removed when work is completed
 mitigation measures (specify): _____

NOTE: ANY COSTS FOR THE REMOVAL OF HERITAGE TREE(S) IS AT THE EXPENSE OF THE PROPERTY OWNER

INSPECTED BY: _____ DATE: _____

APPROVED BY: _____ DATE: _____

HERITAGE TREE ORDINANCE APPEAL

NAME OF APPELLANT: _____ PHONE NUMBER: _____

ADDRESS: _____

REASON TO APPEAL THE ADMINISTRATIVE DECISION ABOVE FOR THE FOLLOWING REASON: _____
