



Tree Pruning or Removal Permit

For trees on the City Right-of-Way or City-owned property

Applicant's Name _____ Date _____

Tree Address _____ City _____ Zip _____

Primary Phone _____ Alternate Phone _____ Email _____

Contractor's Information *(Please have contractor fill out these details below. They can send completed form directly to us)*

Company Name _____ Address _____

Arborist name _____ Phone _____

ISA Certification # _____ Email _____

Workers Comp. Ins Policy # _____ Expiration date _____

State Contractor's License # _____ Expiration date _____

City Business License # _____ Expiration date _____

PRUNING *(ISA Certified Arborist Required)*

REMOVAL

Purpose: Aesthetic Health/Structure View Other _____

Species: _____ **# of trees** _____

Description of work to be done

Standard requirements of permit

- Work shall adhere to all regulatory requirements and safe work practices.
- Pruning must be performed in accordance with the current edition of the *ANSI A300 (Part 1) Pruning Standards* and the *ISA Best Management Practices (BMP) for Tree Pruning*.
- All debris must be removed and the site left clean upon completion of work.
- Notify the City of the date the work was completed within one week of completion.

OFFICE USE ONLY

Pruning Approved Denied

Removal Approved Denied

Conditions of approval or reason for denial:

City of Berkeley Designee

Date of permit issued or denied