

Oak Tree Removal Permit Application

The following information shall be submitted to the Rocklin Planning Department prior to the removal of any oak tree(s) six inches initial diameter or greater measured at breast height (Ordinance No. 676):

- **1.** A plot/site plan of the lot showing the trees and buildings, driveways, utility lines, etc., in close proximity to the proposed tree(s);
- **2.** An agent authorization form if the applicant is not the property owner;
- **3.** A completed application form, and any other information as determined by the planning director to be necessary to evaluate the request.

Site Address	Assessor's Parcel Number				
For Staff Use Only:					
Date of application	Received by	Field verification by	File Number		
Please describe the cond	lition of the oak tree(s)	proposed for removal. (Attach	arborist report, if applicable.)		
Please give your reasons	s or objectives for remo	oving the oak tree(s).			
Number of oak trees to	be removed:	Species of oak to	ree(s):		
Number of trunks per tr	ee:	·			
Total diameter of oak tro	ee(s) at breast height (TDBH):			
Please check which mitig	gation you are requesti	ng: Tree replacement	☐ Mitigation fund		
I certify that if tree repl trees of the genus date of / /		and species	nnt a total of replacement on or before the		

For Staff Use Only							
Number of trees to be removed	d:	Total inches of Replacem	ent:				
☐ Replacement mitigation selected. Number to be planted:							
☐ Mitigation fund selected.	Fees collected:	(attach receip	ot)				
Field Inspection of installed replace:	placement tree	s performed by:					
Comments:							
THE TREE(S) DESCRIBED IN THIS APPLICATION IS/ARE APPROVED / DENIED FOR TREE REMOVAL BY THE COMMUNITY DEVELOPMENT DEPARTMENT.							
Signature of Planning staff		 Date					
Applicant (Please Print)	Address	Phone Number	Signature				
Property Owner (Please Print)	Address	Phone Number	Signature				

Your signature authorizes the processing of this application by the applicant. (Provide owner's authorization letter if signature is other than property owner)

AGENT AUTHORIZATION FORM

Property owners desiring to authorize individuals to represent them in conjunction with any application or matter before the City shall provide written authorization on this form for each individual or firm authorized, and shall specifically note any restrictions upon the authorized person.

Address: (please print or type)			
(piease print or type)			
The above named person/firm is authorized as my:	() Agent () Buyer () Lessee		
to request:(Use Permit, variance, reclassification, tentative map, e	tc.)		
on the following parcel(s)	-		
	s Parcel Numbers)		
	File any and all papers in conjunction with the		
(Owner's Signature and Date)	aforementioned request including signing the application.		
(Please print or type name)	аррисацот.		
(Owner's Signature and Data)	Speak on behalf of and represent the owner at		
(Owner's Signature and Date)	any Staff meeting and/or public hearing.		
(Please print or type name)			
	Sign any and all papers in my stead, with the		
(Owner's Signature and Date)	exception of the application form.		
(Please print or type name)			
The duration and validity of this authorization shall be a	as noted below:		
Unrestricted:	Valid until:		
	(Owner's Signature and Date)		
	(Please print or type name)		



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SITE PLAN

Please use this form to create a plot plan sutility lines, and other relevant features. Stree(s).	