

City of Rocklin Planning Division 3970 Rocklin Road Rocklin, California 95677 Phone (916) 625-5160 FAX (916) 625-5195

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	dition of the oak tree(s)	proposed for removal. (Attach a	rborist report, if applicable.)	
Please give your reasons	s or objectives for remo	ving the oak tree(s).		
Number of oak trees to	be removed:	Species of oak tre	e(s):	
Number of trunks per tr	ee:			
Total diameter of oak tro	ee(s) at breast height (7	ГДВН):		
Please check which mitiq	gation you are requestir	ng: Tree replacement	Mitigation fund	
trees of the genus	acement is chosen as the common of the commo	he form of mitigation, I will plant and species	t a total of replacement on or before the	

	For Staff	Use Only
Number of trees to be removed	d:	Total inches of Replacement:
Replacement mitigation sele	ected. Number	to be planted:
Mitigation fund selected.	Fees collected:	(attach receipt)
Field Inspection of installed re Date:	placement trees p	erformed by:
Comments:		
THE TREE(S) DESCRIBED IN TI REMOVAL BY THE COMMUNITY		IS/ARE APPROVED / DENIED FOR TREE DEPARTMENT.
		 Date
Applicant (Please Print)	Address	Phone Number Signature
Property Owner (Please Print)	Address	Phone Numbe 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.

Name of authorized person or firm:	
Address:	
(please print or type)	
The above named person/firm is authorized as my:	Agent
	Buyer
	Lessee
to request:	
(Use Permit, variance, reclassification, tentative map, etc.)	
on the following parcel(s)	
<i>,</i>	
(Assessor's I do further authorize him/her as follows:	s Parcel Numbers)
	File any and all papers in conjunction with the
(Owner's Signature and Date)	aforementioned request including signing the application.
at (Owner's Signature and Date)	Speak on behalf of and represent the owner any Staff meeting and/or public hearing.
(Please print or type name)	
(Hease print of type hame)	
(Owner's Signature and Date)	Sign any and all papers in my stead, with the exception of the application form.
(Please print or type name)	
The duration and validity of this authorization shall be as no	ted 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 showing tree(s) to be removed. Indicate trees, buildings,

utility lines, and other relevant features. tree(s).	Show tree(s) to be removed with an "X" drawn through the