



PUBLIC TREE REMOVAL PERMIT APPLICATION

Permit No. _____

Before filling out this form please review the **TREE REMOVAL INFORMATION GUIDE** or contact the Public Works Department at 425.587.3800.

Adjacent Property Owner /Contact Information (please write legibly)		
Adjacent Property Owner:	Phone:	Email:
Address:		
Mailing Address (if different)		
Contact Name:	Phone:	Email:
I certify (or declare) under penalty of perjury under the laws of the State of Washington that the information answered on this form is true and complete to the best of my knowledge. I understand that the City of Kirkland is relying on this information to make its decision. Trees removed illegally may result in the City pursuing monetary penalties and/or restoration under KMC Chapter 1.12.		
Adjacent Property Owner Signature _____		_____
(Acknowledging and supporting request)		Date

APPLICATION REQUIREMENTS		
<input type="checkbox"/> A check made payable to the City of Kirkland for the application fee <input type="checkbox"/> Location, species and size of replacement trees must be shown on Site Plan. <input type="checkbox"/> ARBORIST REPORT: from an individual with relevant education and training in arboriculture or urban forestry, having two or more of the following credentials:		
<input type="checkbox"/> International Society of Arboriculture (ISA) Certified Arborist <input type="checkbox"/> Tree Risk Assessor Certification (TRACE) as established by the Pacific Northwest Chapter of ISA <input type="checkbox"/> American Society of Consulting Arborists (ASCA) registered Consulting Arborist <input type="checkbox"/> Society of American Foresters (SAF) Certified Forester for Forest Management Plans		
I certify (or declare) under penalty of perjury under the laws of the State of Washington that the information answered above is true and complete to the best of my knowledge. I understand that the City of Kirkland is relying on this information to make its decision. Trees removed illegally may result in the City pursuing monetary penalties and/or restoration under KMC Chapter 1.12.		
_____	_____	_____
Arborist Signature & Date	Arborist Credential #1 ID & Exp Date	Arborist Credential #2 ID & Exp Date

Tree #	Trunk Size: diameter at 4.5' (dbh)	Common Name or Genus/species

Site Plan (use this page or attach an aerial screen shot, survey, drawing, etc.)

NOTE: The site plan must identify the approximate location of all tree removals in the right-of-way and the location of replacement trees. This form will not be processed without a completed site plan.



Approved

Denied

Decision Date: ____/____/____ Staff Initials: _____ Approval Expiration Date: ____/____/____

*Application for any development permit or activity prior to the approval expiration date shall override and expire permit approval.

Conditions/Comments: _____

