



**CITY OF KIRKLAND**  
**PLANNING AND COMMUNITY DEVELOPMENT DEPARTMENT**  
 123 FIFTH AVENUE, KIRKLAND, WA 98033  
 425.587.3225 - [www.kirklandwa.gov](http://www.kirklandwa.gov)

**TREE REMOVAL PERMIT APPLICATION**

Permit No. \_\_\_\_\_

**Before filling out this form please review the **TREE REMOVAL INFORMATION GUIDE** or contact the Planning Department at 425.587.3225.**

<b>Contact &amp; Property Information (please write legibly)</b>		
Property Owner:	Phone:	Email:
Site 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 KZC 95.55.		
<b>Owner Signature</b> _____ (acknowledging and supporting request)		

<b>ARBORIST REPORT:</b> Attach an arborist report from an individual with relevant education and training in arboriculture or urban forestry, having <b>two</b> 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 KZC 95.55.		
_____	_____	_____
Arborist Signature	Arborist Credentials #1 ID & Exp Date	Arborist Credentials #2 ID & Exp Date

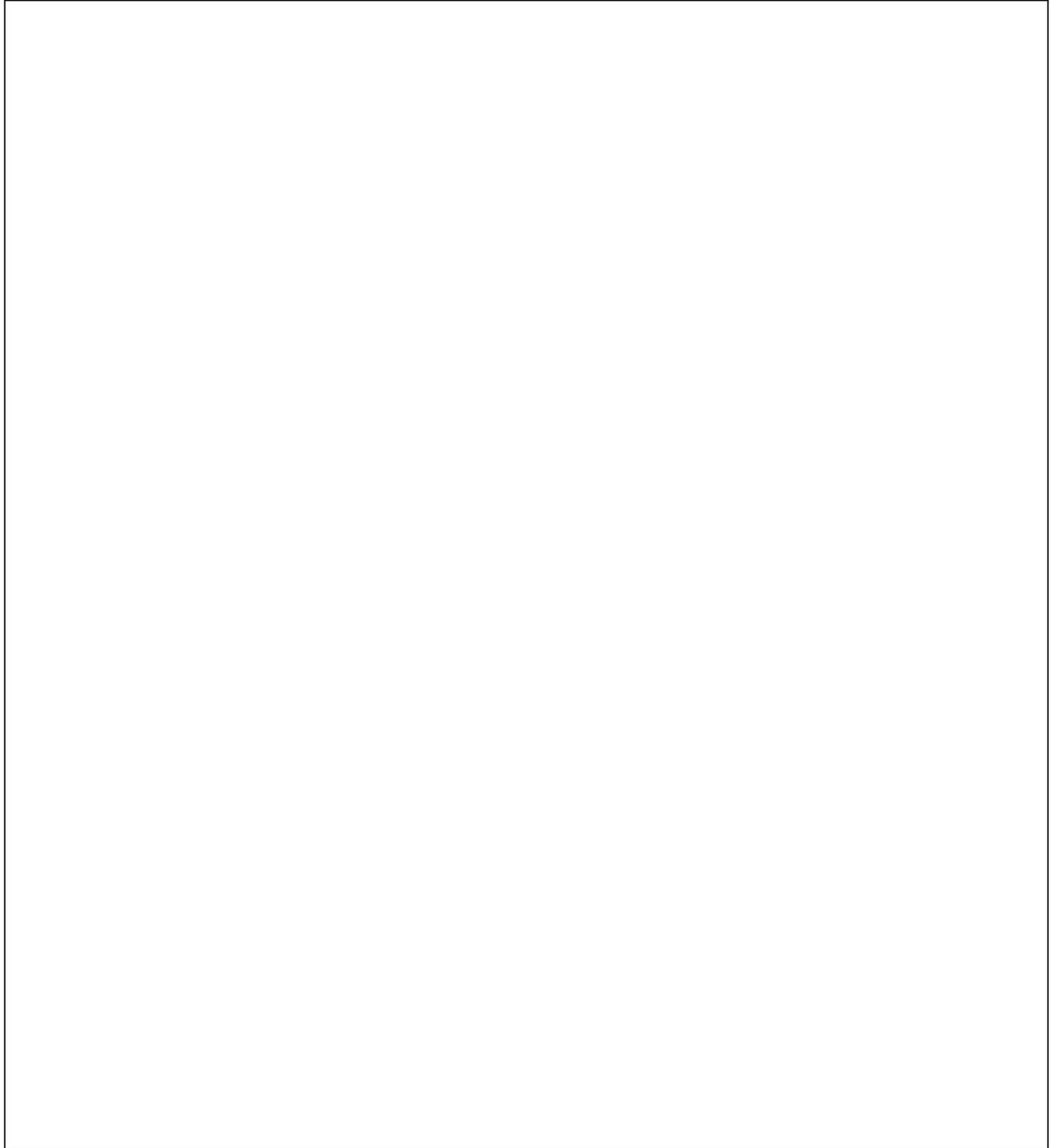
**FEE:** A check to the City of Kirkland for the required application fee

**Attach Site Plan** (use Page 3 or attach a screen shot, survey, drawing, etc.)  
**NOTE:** The site plan must identify the approximate location of all significant trees on the property. Include location and species of trees to be removed, retained, and replaced. This form will not be processed without a completed site plan.



## Site Plan

Number of significant trees remaining on property after proposed removals: \_\_\_\_\_

A large, empty rectangular box with a black border, intended for a site plan or drawing. It occupies the majority of the page below the header and the tree count question.