



HERITAGE TREE REMOVAL APPLICATION

City of Larkspur Building Department
400 Magnolia Ave.
Larkspur, CA 94939
(415) 927-5038

OFFICE USE ONLY	
PERMIT NO.:	_____
DATE ISSUED:	_____ ISSUED BY: _____
RECEIPT NO.:	_____ TOTAL: \$ _____
PHN:	_____ DUE: _____

NOTICE TO APPLICANTS:

- *Submit application and fees.*
- *Attach report from qualified arborist, with a site map showing location of tree(s), place ribbon around the tree(s) and provide photos.*
- *An encroachment permit will be required for all work, including staging, in the public right-of-way.*
- *Check with Homeowners Association if applicable.*

PROPERTY/WORK DESCRIPTION

Site Address: _____ APN: _____

Commercial: Tenant name, and Suite Number: _____

Has this project been subject to Planning approval? Yes No If yes, provide application number: _____

Is the permit being pulled as "owner-builder"? Yes No

TYPE OF TREE (S) TO BE REMOVED

CIRCUMFERENCE - Measured around tree 24" above grade

1. _____

2. _____

3. _____

Reason for removal: _____

PROPERTY OWNER: _____

TREE REMOVAL CONTRACTOR: _____

CONTACT: _____

LICENSE #: _____ EXP _____

ADDRESS: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

CITY/STATE/ZIP: _____

PHONE NUMBER: _____

PHONE NUMBER: _____

EMAIL: _____

EMAIL: _____

APPLICANT SIGNATURE

I certify I have read this application and that the information I have provided herein is correct to the best of my knowledge. I agree to comply with all City, County, and State laws, and hereby authorize City Representatives to enter the project property for inspection purposes.

SIGNATURE of Property Owner or Authorized Agent PRINT NAME DATE

I represent the: Owner Contractor Authorized Agent (Please provide a signed "Agent Authorization Form" or letter)

NOTE: This permit is valid for 12 month from date of issue.

APPROVED PERMIT MUST BE POSTED AT JOB SITE & VISIBLE FROM THE STREET

For additional information, forms & documents please visit us on the web at: [City of Larkspur Building Department](http://www.cityoflarkspur.org/building-department)

OWNER-BUILDER'S DECLARATION - See separate form

WORKERS' COMPENSATION DECLARATION

WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.

I hereby affirm under penalty of perjury one of the following declarations:

I **have** and will maintain a certificate of consent to self-insure for workers' compensation, issued by the Director of Industrial Relations as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. **POLICY #:** _____

I **have** and will maintain workers' compensation insurance, as required by Section 37400 of the Labor Code, for the performance of the work for which the permit is issued.

Carrier: _____ **Policy #:** _____ **Exp.:** _____

I **certify** that , in the performance for the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California, and agree that, if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forth with comply with those provisions.

SIGNATURE

PRINT NAME

DATE

CONSTRUCTION LENDING AGENCY DECLARATION

I **hereby** affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which the permit is issued (Sec. 3097, Civil Code) LENDER'S NAME AND ADDRESS: _____

LICENSED CONTRACTOR'S DECLARATION

I **hereby** affirm under penalty of perjury that I am licensed under provisions of Chapter 9, commencing with Section 7000 of Division 3 of the Business and Professionals Code, and my license is full force and effect.

Contractor Name: _____ License No.: _____ Class: _____ Date: _____

CONTRACTOR SIGNATURE

PRINT NAME

DATE

OFFICE USE ONLY - APPROVALS

APPROVAL: _____ Date: _____

PERMIT #: _____ Date: _____

PC/CC MTG DATE: _____

CHECK IF ANY OF THE FOLLOWING APPLY:

EMERGENCY: _____

PROPHYTIC: _____

PLANNING COMMISSION APPROVALS: _____

PUBLIC RIGHT-OF-WAY: _____

SUDDEN OAK DEATH: _____

FEES

HERITAGE TREE REMOVAL \$185