



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 Planning Project number: _____

TYPE OF TREE (S) TO BE REMOVED

CIRCUMFERENCE - Measured around tree 24" above grade

1. _____
2. _____
3. _____

- _____
- _____
- _____

Reason for removal: _____

PROPERTY OWNER: _____

CONTACT: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE NUMBER: _____

EMAIL: _____

TREE REMOVAL CONTRACTOR: _____

LICENSE #: _____ EXP _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE NUMBER: _____

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: Tree removal permit is valid for 12 month from date of issue.
Approved permit must be posted at job site and be visible from the street.**

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 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: _____

CMFD Fire Marshal Approval: _____ Date: _____

Parks and Recreation Commission Hearing: _____ Date: _____

Approved by Planning Commission Hearing, Project Number: _____

List of associated building and/or encroachment permits: _____

Check if any of the following apply:

Emergency

Fire-prone tree(s)

Public Right-of-Way

Sudden Oak Death

Other: _____