

Tree Pruning or Removal Permit

For trees on the City Right-of-Way or City-owned property

Applicant's Name			Date		
Tree Address		City		Zip	
Primary Phone	Alternate Phone	Email			
Contractor's Informa	ntion (Please have contractor fi	ll out these details below. They	can send com	pleted form directly to us)	
Company Name		Address	Address		
Arborist name		Phone			
ISA Certification #		Email			
Liability Ins. Policy #		Expiration date	Expiration date		
Workers Comp. Ins Policy #		Expiration date	Expiration date		
State Contractor's License #		Expiration date	Expiration date		
City Business License #		Expiration date	Expiration date		
O PRUNING (ISA Cert	ified Arborist Required)	O rem	OVAL		
	: □ Health/Structure □ Vie	ew D Other			
Species:		# of trees			
Description of work	to be done				
 Pruning must be Pruning Standard All debris must be 	nts of permit e to all regulatory requirement performed in accordance wit as and the <i>ISA Best Manager</i> be removed and the site left cl the date the work was compl	h the current edition of the ment Practices (BMP) for ean upon completion of w	ANSI A300 (Tree Pruning. ork.	, ,	
	OFFIC	CE USE ONLY			
O Pruning 🛛 App	proved Denied	O Removal [Approved	Denied	
Conditions of approve	al or reason for denial:				
City of Berkeley Designee		Date of permit issu	ed or denied		