Tree Pruning or Removal Permit

For Trees on the City Right-of-Way or City-Owned Property

Parks Recreation & Waterfront
Parks Division – Forestry Unit

Applicant's Name _____ Date _____
Tree Address _____ City _____ Zip _____
Mailing Address (if different) _____
Primary Phone: _____ Alternate Phone: _____ Email: _____

◯ **PRUNING** (*ISA Certified Arborist Required*) ◯ **REMOVAL** Clear

PURPOSE: ☐ Aesthetic ☐ Health/Structure ☐ View ☐ Other _____

Description of Work to be done (include species and number of trees to be pruned or removed):

Company Name: _____ Address: _____
Arborist's Name: _____ Phone: _____
ISA Certification # _____ Fax: _____
Liability Ins. Policy # _____ Expiration Date: _____
Workers Comp. Ins. Policy# _____ Expiration Date: _____
State Contractor's License# _____ Expiration Date: _____
City Business License # _____ Expiration Date: _____

Standard Requirements of Permit:

- ☐ Work shall adhere to all regulatory requirements and safe work practices.
- ☐ Pruning must be performed in accordance with the most current edition of the *ANSI A300 (Part 1) Pruning Standards* and the *ISA Best Management Practices (BMP) for Tree Pruning*.
- ☐ All debris must be removed and the site left clean upon completion of work.
- ☐ Notify The City of the date the work was completed within one week of completion.

----------Office Use Only Below This Line----------

☐ **PRUNING** ◯ Approved ◯ Denied
☐ **REMOVAL** ◯ Approved ◯ Denied Clear

Conditions of Approval or Reason for Denial:

_____ _____
City of Berkeley Designee _ Date of Permit Issued or Denied

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