

TREE CARE PERMIT APPLICATION

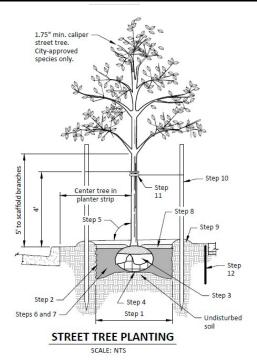
Date:			This application is for: (choose all that apply)	
Site Address (or closest address):			☐ Removal of street tree(s)	
			Number of trees to be removed:	
Applicant Primary Contact			Species of tree(s) (if known):	
Name:			Purpose of removal:	
Organization Name:				
Address:			☐ Installation of street tree(s)	
City:	State:	Zip Code:	Number of trees to be planted:	
Mobile #:			Species of tree(s):	
Email:			(Initial) I understand planting street trees	
Contractor	□F	Primary Contact	requires the installation of root barriers*.	
Name:				
Organization Name:			☐ Major pruning** of street tree(s)	
Address:				
City:	State:	Zip Code:	Other tree care in the right-of-way	
Email:				
CCB#:			Description of work:	
Start Date:	End [Date:		
Number of days of construction:				
Street Closure: Tyes No (If proposing street closure, additional review by Transportation is required.)				

**MAJOR PRUNING means pruning in a manner that causes the removal of branches two inches in diameter or greater; removal of roots two inches in diameter or greater; or removal of branches constituting more than 20 percent of the crown.

Please refer to <u>Section 700</u>, <u>Street Tree Planting Std. Drg. 730-1</u> and the City of Hillsboro's approved <u>Street TreeList</u> for information on street tree planting and root barriers. These can be found in the City of Hillsboro Design and Construction Standards on our website: **www.Hillsboro-Oregon.gov/DCS**

*APPROVED ROOT BARRIERS:

- 1. Deeproot UB 18-2
- 2. Villa Linear Barrier
- 3. NDS EP-1850
- Typar Biobarrier
- 5. OR Approved Equal



Development Services & Permitting Center

Email Permits@Hillsboro-Oregon.gov/Permits Fax 503-681-5250 Web Hillsboro-Oregon.gov/Permits

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TREE CARE PERMIT APPLICATION (CONTINUED)

mittal Red	quirements
☐ Site pla	an (or construction drawings depending on scope)
☐ Traffic	Control Plan (if not included in site plan)
☐ Certific	cate of Liability insurance from Licensed Contractor (if hiring a contractor)
BY SIGN	ING BELOW, THE APPLICANT(S) SHALL CERTIFY THAT: The above request does not violate any recorded deed restrictions that may be attached to or imposed upon the subject property. If the application is granted, the applicant will exercise the rights granted in accordance with the terms and subject to all the conditions and limitations of the approval. All the above statements and the statements in any plot plan, attachments, and exhibits transmitted herewith, are true; and the applicants to acknowledge that any permit issued, based on this application, may be revoked if it is found that that any such statements are false. The applicant has read the entire contents of this application, including the policies and criteria, and understands the requirements for approving or denying the application.
	uthorized Agent
	nt):
Signature:	Date:
<u>Permits(</u>	submit your application and all required supporting documents to: <u>@Hillsboro-Oregon.gov</u> ave any questions, please contact 503-681-6153
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