



Application for
Landmark Tree Pruning

PROPERTY ADDRESS: _____
PARCEL NUMBER: _____ TREE DESIGNATION #: _____
LANDMARK TREE SPECIES: _____
COMMON NAME: _____

APPLICANT/OWNER INFORMATION:

Name of Applicant: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone #: (day) _____ Fax #: _____ E-mail: _____
Name of Property Owner: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Phone #: (day) _____ Fax #: _____ E-mail: _____

REASON FOR PRUNING: (Briefly describe the reason for pruning the Landmark Tree)

Landmark Tree pruning must be performed in accordance with the most recently published standards of the International Society of Arboriculture (ISA):

I have received and have read a copy of the International Society of Arboriculture requirements for tree pruning: Yes No

Applicant or Property Owner Name and Signature

I will retain the services of an ISA certified arborist to perform and/or supervise the pruning work of the Landmark Tree. Yes No

Arborist's Name, Signature, and Certification Number

If the property owner does not retain a certified arborist, the City will require the pruning work to be monitored by qualified city staff at the property owner's expense.

Activity #: _____ Case #: _____ **→FOR STAFF USE ONLY←**
Description: _____
Fees Paid: \$ _____ Site Inspection Required: Yes No Site Inspection Date: _____
Monitoring required: Yes No Inspector: _____ Monitoring date: _____