



# 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: \$ \_\_\_\_\_

## 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 application number: \_\_\_\_\_

Is the permit being pulled as "owner-builder"? Yes No

### 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: This permit is valid for 12 month from date of issue.

**APPROVED PERMIT MUST BE POSTED AT JOB SITE & VISIBLE FROM THE STREET**

For additional information, forms & documents please visit us on the web at: [City of Larkspur Building Department](http://City of Larkspur Building Department)

**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'S 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: \_\_\_\_\_

PERMIT #: \_\_\_\_\_ Date: \_\_\_\_\_

PC/CC MTG DATE: \_\_\_\_\_

CHECK IF ANY OF THE FOLLOWING APPLY:

EMERGENCY: \_\_\_\_\_

PROPHYTIC: \_\_\_\_\_

PLANNING COMMISSION APPROVALS: \_\_\_\_\_

PUBLIC RIGHT-OF-WAY: \_\_\_\_\_

SUDDEN OAK DEATH: \_\_\_\_\_

**FEES**

HERITAGE TREE REMOVAL \$185