



KING CITY

15300 S.W. 116th Avenue, King City, Oregon 97224-2693
Phone: (503) 639-4082 • FAX (503) 639-3771

TREE CUTTING APPLICATION

NAME OF APPLICANT: _____

ADDRESS: _____

APPLICANT IS: Owner _____ Renter _____ Other _____

PROPERTY OWNER NAME: _____

PROPERTY OWNER ADDRESS: _____

ADDRESS OF TREE REMOVAL SITE: _____

TAX MAP _____ TAX LOT _____

NUMBER OF TREES TO BE REMOVED: _____

List the size, specie, location, and reason for each tree to be cut. An example of reasons would be dead, diseased, blocks solar access, construction, etc.

| <u>Diameter</u> | <u>Specie</u> | <u>Location</u> | <u>Reason</u> |
|-----------------|---------------|---|---------------|
| Tree 1. | | Attach site plan showing location of each tree to be cut. | |
| Tree 2. | | | |
| Tree 3. | | | |

Attach an additional list if more than three trees are to be cut.

Method of cutting: _____

Please state or attach a plan of proposed landscaping or planting of new trees.

It shall be the responsibility of the undersigned to comply with King City Development Code, Chapter 16.128.

Signature of Property Owner

Signature of Applicant (if different)

Application recieved by: _____ Date: _____

Fee: _____

Approved _____ Disapproved _____

Conditions of approval: _____

Approved by

Date