



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 <i>(ISA Certified Arborist Required)</i>	REMOVAL
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 # _____	Email: _____
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

Conditions of Approval or Reason for Denial:

City of Berkeley Designee

Date of Permit Issued or Denied