CITY OF BEAVERTON
SITE DEVELOPMENT DIVISION

4755 SW Griffith Dr. / P.O. Box 4755 Beaverton, OR 97076
(503) 526-2552

STREET TREE CUT PERMIT APPLICATION

PROJECT LOCATION	_____ ADDRESS: _____ _____	**TREE INFORMATION** Type of tree (species): _____ Height of Tree: _____ Diameter of Tree Trunk: _____
OWNER	NAME OR NAME OF BUSINESS _____ MAILING ADDRESS _____ CITY/STATE/ZIP _____ PHONE _____	Is this tree at a single family residence?___ Reason that tree is to be removed: _____ _____ _____ **Permit Fee: $75.00**
RESIDENT IF RENTAL	NAME _____ MAILING ADDRESS _____ CITY/STATE/ZIP _____ PHONE _____	
ARBORIST	NAME _____ MAILING ADDRESS _____ CITY/STATE/ZIP _____ PHONE LICENSE NUMBER _____	Date tree cut is to take place: _____ Is tree within 50 feet of a wetland? ____ Is work to be performed in the public right-of-way or other property? _____
CONTRACTOR 2/2008	NAME _____ MAILING ADDRESS _____ CITY/STATE/ZIP _____ PHONE LICENSE NUMBER _____	**PRIOR TO ISSUANCE BY THE CITY, THE CITY LANDSCAPE SECTION SHALL INSPECT AND SUBMIT ANY CONDITIONS TO BE PLACED ON THE PERMIT, SUCH AS REPLACEMENT REQUIREMENTS. CONTACT THE CITY LANDSCAPE SECTION AT (503) 526-2206 FOR AN INSPECTION.**

By my signature, I certify that I have read this application and agree that the supplied information above is correct. I agree to comply with all applicable City ordinances and State laws pertaining to the proposed construction and hereby authorize City representatives to enter upon the above property for inspection purposes. I understand and agree to pay all costs to repair or replace any property damaged while work is being performed under this permit and acknowledge that failure to pay these costs when due will constitute a violation of the terms of the permit and the City may avail itself to any and all legal remedies.

_____
Authorized Signature Date