



Street Tree Removal Application

Site Development Division

sitedevelopmentplansubmit@beavertonoregon.gov

Project Location	Address:	
Owner	Name or Name of Business	
	Mailing Address	
	Phone	Email
Arborist	Name	
	Mailing Address	
	Phone	Email
	License Number	
Contractor	Name	
	Mailing Address	
	Phone	Email
	License Number	
Tree Information	Type of tree (species)	Height of tree
	Diameter of tree trunk (DBH measured at 4 feet above ground)	
	Is this tree at a single-family residence?	
	Reason the tree is to be removed	
	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?	

Prior to issuance by the City, Urban Forestry will inspect the tree for possible removal-and submit any conditions to be placed on the permit, such as a replacement requirement. Contact the City landscape section at (503) 526-2237 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.

Signature: _____ Date: _____