



## CITY OF BEAVERTON SITE DEVELOPMENT DIVISION

12725 SW Millikan Way, 4th Floor / P.O. Box 4755 Beaverton, OR 97076  
Ph: (503) 526-3724 Fx: (503) 526-2550 Email: sitedevelopment@BeavertonOregon.gov

### STREET TREE CUT PERMIT APPLICATION

<b>PROJECT LOCATION</b>	ADDRESS: _____ _____	<b>TREE INFORMATION</b>
<b>OWNER</b>	NAME OR NAME OF BUSINESS _____ MAILING ADDRESS _____ CITY/STATE/ZIP _____ PHONE _____ EMAIL _____	Type of tree (species): _____ Height of Tree: _____ Diameter of Tree Trunk: _____ Is this tree at a single family residence? ___ Reason that tree is to be removed: _____ _____ _____
<b>RESIDENT</b>  IF RENTAL	NAME _____ MAILING ADDRESS _____ CITY/STATE/ZIP _____ PHONE _____ EMAIL _____	<b>Permit Fee:                      \$100.00</b>
<b>ARBORIST</b>	NAME _____ MAILING ADDRESS _____ CITY/STATE/ZIP _____ PHONE                      LICENSE NUMBER _____ EMAIL _____	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? _____
<b>CONTRACTOR</b>  6/2015	NAME _____ MAILING ADDRESS _____ CITY/STATE/ZIP _____ PHONE                      LICENSE NUMBER _____	<b>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) 526-2237 FOR AN INSPECTION.</b>
	EMAIL	*Required Information

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.

\_\_\_\_\_ Date  
Authorized Signature



**City of Beaverton – Site Development Division  
Engineering Plan Review**

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12725 SW Millikan Way, P.O. Box 4755, Beaverton, OR 97076 General Information (503) 526-3724  
Fax: (503) 526-2550

**BANK OR CREDIT CARD AUTHORIZATION**

Today's Date: \_\_\_\_\_

Amount of Charge: \_\_\_\_\_ (\$1,000.00 Limit)

Job Address: \_\_\_\_\_

[ ] Visa or [ ] Mastercard Exp. Date: \_\_\_\_\_ Business  
Zip Code: \_\_\_\_\_

Card Number: \_\_\_\_\_

Name as shown on card: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Print Name of Signer: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_

**CONFIDENTIAL INFORMATION ONLY FOR PERMIT ISSUANCE**

**THIS DOCUMENT WILL BE SHREDDDED AFTER PROCESSING**