



Application to Prune or Remove a Tree

CITY OF PUYALLUP

Planning Division
333 South Meridian
Puyallup, WA 98371
Phone: 253-841-5571
Fax: 253-840-6678

Checklist:

- A certified arborist is required to do all major pruning of trees in the City of Puyallup's right-of-ways. Is your arborist certified by the ISA (International Society of Arboriculture) and also licensed, bonded, and insured?
- Any tree service that removes/prunes a tree in the City of Puyallup's right-of-ways is required to be licensed, bonded, and insured.
- All pruning must meet or exceed the pruning standards set in the ANSI A300 standards. **Tree topping is strictly prohibited.**
- Removed street trees must be replaced. Please provide replacement details, including proposed species, size, etc.
- Will the proposed work occur within 10' of energized power lines? **No private tree care company or property owner may perform work within 10' of power lines – contact PSE at (360) 786-5992 for services near power lines**

Office Use Only:

Submittal Date: ____/____/____ Case No: ____-____-____ GIS: ____ Inventory: ____

This permit application is only required if you would like to perform major pruning (defined as removal of branches over 2" in diameter) or remove a tree over 6" in diameter in the City of Puyallup's right-of-way. This application serves as a right-of-way permit for work being done in the city right-of-way. When preparing this application, please print or type the reply to each question. If you have any questions, please contact the *Development Services Center at (253) 864-4165.*

Application Fee: \$50 for each tree removed over 6" in diameter – no charge for pruning work

Application Information

Applicant Information:

Name		
Street Address		
City	State	Zip
Phone Fax	E-mail	

Location of Tree Work: (if different than the applicant's info)

Name		
Street Address		
City	State	Zip
Phone Fax	E-mail	

Tree Work Information:

Do you own the home at the location of tree work? yes no

Did you plant the tree(s) that needs work? yes no

If not, do you know who did?

Which tree service do you plan on hiring to do the requested work? _____

Company Name	
Contact Name	
Phone Fax	E-mail

Have you contracted this company yet? yes no

Expected starting date of tree work: ____/____/____

Expected ending date of tree work: ____/____/____

Planting Location:

What is the purpose of the work to be performed?

- Routine maintenance – thinning/removal of branches
- Street clearance pruning
- View pruning
- Removal of dead or dying tree
- Other _____

Indicate the number and types of trees that need to be pruned or removed.

Describe the work requested and anything else we should know about this tree(s). Please be as specific as possible. If needed, you may use illustrations in the space below or attached to this permit.

How will you be replacing the trees removed? What species, size, location, etc. will be used?

CERTIFICATION:

I hereby state that I am the applicant listed above, and certify that all information contained above and in exhibits attached hereto is true and correct to the best of my knowledge and belief and is submitted for consideration by the City of Puyallup, pursuant to the provision of the Puyallup Municipal Code.

This permit expires 60 days after approval. All approved work must be completed within this timeframe, unless otherwise established at the time of approval. If the health of the tree is threatened because the pruning standards were not met, or if a tree in the right of way is topped, I may be required to replace the monetary value of the tree (based on the most current version of the "Valuation of Landscape Trees, Shrubs and Other Plants," published by the International Society of Arboriculture). By signing this application, you affirm the pruning work to occur will follow ANSI A300 standards and the tree(s) in question will not be topped or otherwise severely pruned.

If removing a tree in the City right-of-way, I may be required to replace the monetary value of the tree (based on the most current version of the "Valuation of Landscape Trees, Shrubs and Other Plants," published by the International Society of Arboriculture). I shall be required to hire a certified arborist to evaluate the condition of the tree upon removal to determine its health and/or if the tree has special status. Both of these conditions will be determined by the Director or his designee.

Signature of Applicant _____ Date _____

Signature of Owner _____ Date _____
(if different than the Applicant)