

TREE REPLACEMENT PLAN

TREE PRUNING AND/OR REMOVAL ANNUAL WORK PLAN

Parcel ID			Date	of Report				
Property								
Address								
Lessee				Contrac	ctor			
	D DOCUMEN NTS TO APPLIC			EMS TTACHED			ITEMS 1 TO UPON SUB	3 REQUIRED MISSION
1.	SITE PLAN WIT	TH PROPOSED LO	OCATION/S OF	F TREE/S	YES	□ NO		
2.	PLANTING DE	ΓAILS *			YES	□ NO		
3.	TREE MONITO	RING PROGRAM			YES	□ NO		
	TREE MAINTENANCE RESPONSIBLE PARTY MAINTAINED			AINED BY	LESSEE CONTRACTOR			
	Last Name			First Name	e			MI
	Employer			Em	ployee Title			
	Daytime Tel.			Aft	er Hours Tel	l		
	<u> </u>	YOUR ANNUAL	TREE MONIT	ORING MA	INTENANC	E PLAN P	ROPOSAL	
	YEAR 1							
	YEAR 2							
	YEAR 3							
	YEAR 4							
	YEAR 5							
4.	YEAR 0 REPOR	RT (after tree plant	ting is complete	ed) **	YES	□ NO		

5. YEAR 1 TO 5 MAINTENANCE REPORT

* Use DBH detail or submit your own.

For required attachment items 4 and 5, use the Tree Five-Year Maintenance Report fillable form for annual maintenance reports for Year 0-5. You may use Year 0 Report on page 3. Submit photos of trees and with respective dimensions, including: trunk diameter, width of tree canopy, height of tree.

	ACEMENT PLAN INFORMATION FOR REV	NO OF TO REP		For replacing trees, attach	g more than 10 separate listing.			
N	EW TREE ssp.	TO REPLACE ssp.	QUANTITY	CONTAINER SIZE	DIAM. (in.)			
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
PROPOSED START DATE OF PLANTING DURATION OF PLANTING								
MAINTENANCE REPORT PREPARER CONTACT INFORMATION WITH LESSEE								
Last Name		First Name			MI			
Address								
City			State	Zip Code				
Daytime Tel.		Afte	r Hours Tel.					
E-mail								



FIVE-YEAR TREE MAINTENANCE REPORT

TREE PRUNING AND/OR REMOVAL

Date of Report	Tı	ree ID Number	Date when T	Date when Tree was Planted		
Reports are due on or before the anniversary date of when the tree was first planted.		eporting Year XEA	<u>—</u>	YEAR 2 YEAR 5		
Parcel ID		Property Name				
Address						
Lessee		Contra	ctor			
ANNUAL EVALU		NO OF IMAGE ATTACHED	SS			
TREE SPECI	ES Common or Scientific Name					
DIMENSIO	NS Height (ft.)		Spread/Canopy (ft.)			
MATURE FOLIA	GE Avg. length (in.))	Avg. width (in.)			
TREE TRUI	NK Diameter (in.)		DENSITY OF CANOPY (% visible thru foliage)			
HEALTH STATE		HEALTHY UNHEALTHY DEAD	Foliage BR	EEN OWN HER		
SOIL MOISTU	RE Within 3 ft. from	tree trunk WET	MOIST DF	RY		
PRESENT FEATURES Tree Features FLOWERS FRUITS						
	Other items found on tree	☐ BIRD NESTS ☐ FUNGI/MUSHROO	PESTS/INSEC	TS		
COMMENTS/REMARI	ks					

RESPONSIBL			BY	CONTRACT	OR		
Last Name		Fire	st Name			МІ	
Employer			Employee	Title			
Daytime Tel.			After Hou	rs Tel.			
MAINTENAI CONTACT INF	NCE REPORT PREPA	RER	AFFILIATION WITH LESSEE				
Last Name		Fire	st Name			MI	
Address							
City				State	Zip Code		
Daytime Tel.			After Hou	rs Tel.			
E-mail							
	NAGEMENT DIVISION FLAG FOR ACCEPTANCE		AMD AGENT ACTION		RWARD TO PLN		
Verified Action Date		Verified by Agent					
PLANNING FINALIZE OR Planner Comm	FLAG FOR FOLLOW-UP	PLN SPEC ACTION		ETURN TO AGEN	IT		
Finalized Action Date		Finalized by Planner					