



TREE REPLACEMENT PLAN

TREE PRUNING AND/OR REMOVAL ANNUAL WORK PLAN

Parcel ID

Date of Report

Property

Address

Lessee

Contractor

REQUIRED DOCUMENTATION
ATTACHMENTS TO APPLICATION

**ITEMS
ATTACHED**

**ITEMS 1 TO 3 REQUIRED
UPON SUBMISSION**

- | | | | |
|-----------|---|-----|----|
| 1. | SITE PLAN WITH PROPOSED LOCATION/S OF TREE/S | YES | NO |
| 2. | PLANTING DETAILS * | YES | NO |
| 3. | TREE MONITORING PROGRAM | YES | NO |

TREE MAINTENANCE
RESPONSIBLE PARTY

MAINTAINED BY

LESSEE

CONTRACTOR

Last Name

First Name

MI

Employer

Employee Title

Daytime Tel.

After Hours Tel.

- | | | | |
|-----------|--|-----|----|
| 4. | YEAR 0 REPORT (after tree planting is completed) ** | 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. Submit photos of trees and with respective dimensions, including: trunk diameter, width of tree canopy, height of tree.

TREE REPLACEMENT PLAN
SCOPE AND INFORMATION FOR REVIEW

**NO OF TREES
TO REPLACE**

For replacing more than 10
trees, attach separate listing.

NEW TREE *ssp.*

TO REPLACE *ssp.*

QUANTITY

CONTAINER SIZE

DIAM. (in.)

PROPOSED START DATE OF PLANTING

DURATION OF PLANTING

MAINTENANCE REPORT PREPARER
CONTACT INFORMATION

**AFFILIATION
WITH LESSEE**

Last Name

First Name

MI

Address

City

State

Zip Code

Daytime Tel.

After Hours Tel.

E-mail
