

TREE PRUNING AND/OR REMOVAL APPLICATION
ANNUAL WORK PLAN



COUNTY OF LOS ANGELES
 DEPARTMENT OF
**BEACHES
 & HARBORS**
 Caring for Your Coast

Date of Request **Will the requested tree pruning/removal annual work take place during Nesting Season?** **YES**
 i.e., from *January 1 to September 30.* **NO**

Parcel ID **Property Name**

Address

Lessee **Contractor**

TREE PRUNING AND/OR REMOVAL **PROPOSED** **TREE PRUNING**
WORK PROPOSAL SCOPE AND PURPOSE **WORK** **TREE REMOVAL**

REQUIRED DOCUMENTATION ATTACHED

COUNTS OF TREES **Total Number of Trees on Property** **Number of Trees to be Pruned** **Number of Trees to be Removed**

PROPOSED **Start Date** **End Date**

Describe pruning or removal work to be performed. Attach location map if any.

Describe safety measures if work occurs in or near public promenade/walkways.
If work occurs within public road, contact DPW or DBH to obtain necessary permit/s.

APPLICANT
CONTACT INFORMATION

**AFFILIATION
WITH LESSEE**

Last Name

First Name

MI

Address

City

State

Zip Code

Daytime Tel.

After Hours Tel.

E-mail

FOR INTERNAL USE ONLY

ASSET MANAGEMENT DIVISION
VERIFY COMPLETION AND APPROVE

**AMD AGENT
ACTION**

APPROVED: FORWARD TO PLN
DENIED: CONTACT APPLICANT

Agent Comments

**Approve
Action Date**

**Approved
by Agent**

PLANNING DIVISION
PROPOSED PROJECT FINAL APPROVAL

**PLN SPEC
ACTION**

APPROVED: RETURN TO AGENT
DENIED: INSTRUCT AGENT

Final Comments

**Approve
Action Date**

**Approved
by Planner**



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. You may use Year 0 Report on [page 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
