

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?
i.e., from *January 1 to September 30.*

YES

NO

Parcel ID

Property Name

Address

Lessee

Contractor

TREE PRUNING AND/OR REMOVAL
WORK PROPOSAL SCOPE AND PURPOSE

PROPOSED
WORK

TREE PRUNING

TREE REMOVAL

REQUIRED DOCUMENTATION ATTACHED

BIOLOGY REPORT

YES NO

Required if bird nests are located within 300 feet of proposed work, or if work is performed during Nesting Season.

ARBORIST/DPH REPORT

YES NO

Required if the proposal includes tree removal work. Please provide applicable report based on reason for tree removal.

TREE REPLACEMENT PLAN

YES NO

Required if the proposal includes tree removal work. All trees removed shall be replaced.

**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 | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| 2. | PLANTING DETAILS * | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| 3. | TREE MONITORING PROGRAM | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |

TREE MAINTENANCE
RESPONSIBLE PARTY

MAINTAINED BY

- LESSEE
 CONTRACTOR

Last Name First Name MI

Employer Employee Title

Daytime Tel. After Hours Tel.

YOUR ANNUAL TREE MONITORING MAINTENANCE PLAN PROPOSAL

YEAR 1

YEAR 2

YEAR 3

YEAR 4

YEAR 5

- | | | | | | |
|----|---|--------------------------|-----|--------------------------|----|
| 4. | YEAR 0 REPORT (after tree planting is completed) ** | <input type="checkbox"/> | YES | <input type="checkbox"/> | 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 <i>ssp.</i>	TO REPLACE <i>ssp.</i>	QUANTITY	CONTAINER SIZE	DIAM. (in.)
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
8.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
9.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
10.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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



FIVE-YEAR TREE MAINTENANCE REPORT

TREE PRUNING AND/OR REMOVAL

Date of Report

Tree ID Number

Date when Tree was Planted

Reports are due on or before the anniversary date of when the tree was first planted.

Reporting Year YEAR 0 YEAR 1 YEAR 2
 YEAR 3 YEAR 4 YEAR 5

Parcel ID

Property Name

Address

Lessee

Contractor

ANNUAL EVALUATION TREE MAINTENANCE REPORT

**NO OF IMAGES
ATTACHED**

TREE SPECIES

**Common or
Scientific Name**

DIMENSIONS

Height (ft.)

Spread/Canopy (ft.)

MATURE FOLIAGE

Avg. length (in.)

Avg. width (in.)

TREE TRUNK

Diameter (in.)

**DENSITY OF CANOPY
(% visible thru foliage)**

**HEALTH STATUS
INDICATORS**

**Current
Status of
Tree**

- HEALTHY
 UNHEALTHY
 DEAD

**Color of
Foliage**

- GREEN
 BROWN
 OTHER

SOIL MOISTURE

Within 3 ft. from tree trunk

- WET MOIST DRY

PRESENT FEATURES

Tree Features

- FLOWERS FRUITS

**Other items
found on tree**

- BIRD NESTS PESTS/INSECTS
 FUNGI/MUSHROOMS

COMMENTS/REMARKS

TREE MAINTENANCE
RESPONSIBLE PARTY

MAINTAINED BY LESSEE
 CONTRACTOR

Last Name First Name MI
Employer Employee Title
Daytime Tel. After Hours Tel.

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

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ASSET MANAGEMENT DIVISION
VERIFY AND FLAG FOR ACCEPTANCE

AMD AGENT ACTION VERIFIED: FORWARD TO PLN
 HOLD: CONTACT APPLICANT

Agent Comments

Verified Action Date Verified by Agent

PLANNING DIVISION
FINALIZE OR FLAG FOR FOLLOW-UP

PLN SPEC ACTION FINALIZED: RETURN TO AGENT
 FLAGGED: INSTRUCT AGENT

Planner Comments

Finalized Action Date Finalized by Planner