

# 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