

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**