

# 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**

**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.

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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.

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**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 (days)**

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**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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