

**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.

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**APPLICANT**  
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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***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**

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**PLANNING DIVISION**  
PROPOSED PROJECT FINAL APPROVAL

**PLN SPEC  
ACTION**

APPROVED: RETURN TO AGENT  
DENIED: INSTRUCT AGENT

**Final Comments**

**Approve  
Action Date**

**Approved  
by Planner**