



**CITY OF TALENT • COMMUNITY DEVELOPMENT**

PO Box 445, Talent, Oregon 97540

Phone: (541) 535-7401 Fax: (541) 535-7423 [www.cityoftalent.org](http://www.cityoftalent.org)

**TYPE "B" TREE REMOVAL PERMIT**

Property Owner	Mailing Address (include city, zip)	Phone
Street Address or Property Location	Email Address	
Applicant/Consultant (if not owner)	Mailing Address (including city, zip)	Phone

Assessor's Map Number (Township, Range, Section, Quarter Section)	Tax Lot Number	Acres	Zone
38-1W-			
38-1W-			

Subzone (if applicable) \_\_\_\_\_

Please provide a brief description of the trees proposed for removal, including common name, health and diameter at breast height (DBH @ 4 1/2' above grade). (Note: dead trees do not count towards the amount of significant trees that can be removed, but should be indicated to allow for verification of tree condition by City Staff).

**A. Description of Trees Proposed for Removal:**

Tree #	Common Name	Health	DBH (inches)
1		<input type="checkbox"/> Good <input type="checkbox"/> Poor <input type="checkbox"/> Dead	
2		<input type="checkbox"/> Good <input type="checkbox"/> Poor <input type="checkbox"/> Dead	
3		<input type="checkbox"/> Good <input type="checkbox"/> Poor <input type="checkbox"/> Dead	
4		<input type="checkbox"/> Good <input type="checkbox"/> Poor <input type="checkbox"/> Dead	
5		<input type="checkbox"/> Good <input type="checkbox"/> Poor <input type="checkbox"/> Dead	
6		<input type="checkbox"/> Good <input type="checkbox"/> Poor <input type="checkbox"/> Dead	

**B. Explanation of Why Tree Removal is Necessary:**

**C. Tree Fund Assistance (if available):**

Would you like to receive assistance from the Tree Fund to plant a new tree (if funds are available)?  Yes  No

**D. Site Plan:**

On a separate sheet of paper, please provide a sketch of the location and number of trees in relation to surrounding structures, property lines, etc., sufficient to allow City staff to locate the trees in question. All trees to be removed shall be identified by a method obvious to a site inspector, such as tagging, painting or flagging, in addition to clear identification on construction or application documents.

**E. Tree Protection Measures**

Please provide a brief explanation of what tree protection measures will be taken. In conformance with Section 8-3J.370 of the Talent Zoning Code address protection of the tree trunk, canopy and soils within the critical root zone (CRZ) during and after the tree removal process. Examples of tree protection methods include mulching, irrigation and protective fencing.

**F. Tree Replacement**

- Replacement of Private Property    Off-Site Mitigation    Payment in Lieu of Planting

Please provide a brief description of the proposed tree replacement program with a detailed explanation, including the number, size, species and any necessary activities to ensure viability including, but not limited to mulching and irrigation.

*I hereby certify that the statements and information contained in this application, including the enclosed drawings and the required findings of fact, are in all respects, true and correct. I understand that if found to be incorrect, the owner assumes full responsibility.*

\_\_\_\_\_  
**Property Owner's Signature (required)**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**

A person seeking to remove two or more trees within a 12-month period, or proposing to remove a heritage tree shall apply to the City of Talent for a Type "B" Tree Removal Permit. There is a \$150.00 processing fee for a Type "B" tree removal permit.

**Application for a Tree Removal Permit shall be made before removing or transplanting trees, except in emergency situations as provided in Talent Zoning Code (TZC) 8-3J.3.**

By submission of an application, the applicant shall be deemed to have authorized City representatives to have access to applicant's property upon 24 hours' notice as may be needed to verify the information provided, to observe site conditions, and if a permit is granted, to verify that terms and conditions of the permit are followed.

In order for us to process your permit, please completely fill out and submit this form to Community Development. Your permit will be processed within ten (10) days of receipt.

<i>FOR OFFICE USE ONLY</i>			
<i>Deposit Paid (Amount):</i>	<i>Date:</i>	<i>Received By:</i>	<i>File Number:</i>

In compliance with the Americans with Disabilities Act, if you need special assistance, please contact TTY phone number 1-800-735-2900 for English and for Spanish please contact TTY phone number 1-800-735-3896.

*The City of Talent is an Equal Opportunity Provider*