



CITY OF TALENT • COMMUNITY DEVELOPMENT

PO Box 445, Talent, Oregon 97540

Phone: (541) 535-7401 Fax: (541) 535-7423 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.

G. Accuracy Statement:

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.

Applicant's Signature

Date

Property owner's Signature (required)

Date

TYPE "B" TREE REMOVAL PERMIT

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.

Approval to remove two or more trees within a 12-month period, on any property, shall be granted if the application meets all of the following requirements [in accordance with 8-3J.350B]:

H. Review form: *(To be completed by Community Development Director)*

M = Meets standard NM = Nearly meets standard DM = Does not meet standard		Comments:
1. A brief statement explaining why tree removal is being requested, to ensure that another permit type or consolidated application is not more appropriate.	M NM DM	
2. An accurate map, drawn to scale, which shows: a. The shape and dimensions of the property, and the location of any existing and proposed structures, improvements, easements and setbacks. b. The location of all impacted trees on the site including CRZs, species and/or common name, and DBH	M NM DM	
3. Tree Protection. Tree protection measures must be outlined to address protection of the tree trunks, canopy and soils within the critical root zones during and after the tree removal process. Examples of tree protection methods include mulching, irrigation, protective fencing, compaction reduction measures, erosion control, etc.	M NM DM	
4. Field Identification. 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.	M NM DM	
5. Mitigation Plan. A description of the proposed tree replacement program with a detailed explanation including the number, species, size within five (5) years, size at maturity and any necessary activities to ensure viability including, but not limited to, mulching and irrigation.	M NM DM	
6. Existing covenants, conditions and restrictions (CC&Rs). Where the applicant is proposing to remove trees on common areas governed by CC&Rs, the applicant shall provide a copy of the applicable CC&Rs, including any landscaping provisions.	Applicable Not Applicable	

Note: The Community Development Director may waive any of the above information requirements where the information has already been made available to the city, the information is not necessary to review the application, or alternate forms of information have been provided which provide sufficient detail to allow the Community Development Director to review the application.

Additional comments:

Reviewer's signature: _____

FOR OFFICE USE ONLY

Deposit Paid (Amount):

Date:

Received by:

File Number:

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.