



City of Salinas

PUBLIC WORKS DEPARTMENT • ENVIRONMENTAL & MAINTENANCE SERVICES DIVISION

426 Work St • Salinas, California 93901 (831) 758-7233 • (831) 758-7940 (Fax)

City Tree Permit

Contractor Government Agency Non-Profit Agency Property Owner Utility Company

Site Address: _____ Permit No. _____

Applicant Name: _____

Applicant Address: _____

Applicant Telephone #: _____ Email: _____

The permittee agrees to the following conditions/requirements:

Properly trim, remove, relocate or do root pruning according to City of Salinas Standards and Specifications, or be subject to damage fees as set by the City of Salinas and to indemnify the City of Salinas from any liability arising out of or caused by said work. Work must be completed by a contractor licensed in the City of Salinas.

Applicant Signature: _____ Date: _____

Explain the proposed tree work in the City right-of-way:

- Tree/tree well location in front of house
- Existing driveway location
- Distance between tree well and driveway
- Distance between tree well and property line
- Adjacent (neighbors) driveway and tree well

Work done by: _____ Date: _____

Office use only

(Before work is completed)

Permittee has permission to do the following work in the City right-of-way:

Tree trimming Tree root pruning Tree removal Tree well installation

Tree installation-tree species box tree size(s)
number of trees

Other:

City Standard Plan No. 46 or Tree Detail No. ____ (see attached)

Rejected Approved by: _____ Date: _____

(After work is completed)

Completion and Inspection of tree work:

I have examined the work by this permit and find the work satisfactorily done according to City Standards.

Signed: _____ Title: _____