

TREE PERMIT APPLICATION (for tree removal and replacement)	Permit #:			
Site Address:	Parcel #			
Work site is: ☐ Residential ☐ Commercial ☐ Vacant Lot ☐ N	New Development Site		SF / acres (circle one)	
PROPERTY				
Property Owner:		Phone:		
Contact Name:		E-mail:		
Address:		Suite #:		
City:	State:	Zip:		
 □ Check if homeowner is performing the work AND resides in this dwelling. □ Check if contractor is performing the work AND copies of a valid business license, certificate of insurance, & proof of identity are attached. □ Check that the notarized property owner affidavit form is attached. 				
GENERAL CONTRACTOR				
Company Name:		Phone:		
Contact Name:		E-Mail:		
Address:		Suite #:		
City:	State:	Zip:		
WORK INFORMATION				
Work is: Tree removal – sound tree(s) Tree removal – dead, dise Total number of trees currently on the property: Total	-			
 Drawings and Tree Removal Table: Drawing: Attach a sketch of the property (property survey preferred) showing the building footprints/driveways, and identify the location of each tree requesting to be removed. Tree Removal Request Table: Complete the attached table to identify the species, DBH (diameter at 4.5 feet above ground), and condition of each tree (describing why the owner wishes to remove the tree). New development (construction) sites: submit existing tree survey identifying all trees and DBH, and also a separate tree replacement plan. 				
ARE ANY OTHER PERMITS BEING REQUESTED: ☐ Driveway alterations	☐ Home Additions	☐ Accessory structures (e.g.	sheds)	
The City of Doraville Arborist will visit the site to review the proposed tree service be permit fee, the Permit will be issued. The applicant is responsible for complete remo				
The undersigned, upon oath, states that the above information is true and correct and understands that the Permit issued is only for tree service as stated. The Permit is granted on the express condition that the said tree service shall, in all respects, conform to the ordinances and laws of the City of Doraville, Georgia and may be revoked at any time upon violation of any provisions of said ordinances. Work will begin no more than six (6) months from the issue date of the Permit. Copies of a valid business license, certificate of insurance (for tree contractors), proof of identity, and Homeowner's Affidavit (if homeowner is not performing the work) must be submitted with the application form. If any information is found to be false or misrepresented, the permit will be deemed invalid. I agree to indemnify and hold harmless the City of Doraville from all damages, demands, or expenses of every character which may in any manner be caused by the work herein permitted. I HEREBY AUTHORIZE CITY STAFF TO INSPECT PREMISES OF ABOVE DESCRIBED PROPERTY.				
Applicant Printed Name: App	plicant Signature:			
Property Owner Printed Name: Pr	operty Owner Signature	:		
For City of Dora	aville USE ONLY			
CITY OF DORAVILLE ARBORIST APPROVAL				
☐ Approved ☐ Conditions:				
Arborist Signature:		Date:		

Tree Removal Request

Justification for Removal Provided by Applicant

PLEASE PRINT RESPONSES CLEARLY.

	Permit #:	
Property Address:	Parcel Size:	SF/acres (circle one)
Number of <u>existing</u> Trees on the property (over 8" caliper):		
Number of Trees requesting to <u>remove</u> :		

The following checklist is designed to assist Staff in determining that an application for removal of a specimen tree satisfies the Tree Ordinance (Ch. 5. Article IX. Section 5-272) requirements. Removal of trees may be denied and/or tree recompense to the Doraville Tree Fund may be required if the criteria are not being met. A specimen tree shall <u>not</u> be removed except in accordance with the criteria listed below. The applicant shall provide information in the table below identifying each tree requesting to be removed and provide a written explanation as to why <u>each</u> tree(s) cannot be retained on the property.

- (1) <u>Tree removal shall be prohibited</u>: if soil erosion or runoff problems will result due to topography, soil type, or proximity to floodplain or river protection areas; or if the removal will substantially alter the existing soils adversely with regard to runoff and erosion. Information submitted by an environmental specialist may be required and used by the arborist in such an evaluation.
- (2) Removal of trees from a site may be allowed at the discretion of the arborist if a tree meets any of the criteria listed below:
 - a) The tree is located in an area where a structure or improvement will be placed and the tree cannot be relocated on the site because of age, provided the structure cannot be reasonably located elsewhere on the property.
 - b) The tree is diseased or structurally unsound.
 - c) The tree is injured and/or poses an imminent danger.
 - d) The tree interferes with existing utility service.
 - e) The tree creates an unsafe vision clearance for vehicular movement.

<u>Tree Removal Request (list one tree per row)</u> <u>DBH</u> (diameter measured at 4.5 feet above ground)			
Tree DBH Tree Species		Reason for Removal (list all reasons for each tree)	



PLEASE PRINT RESPONSES CLEARLY.

	Permit #:	
Property Address:	Parcel Size:	SF/acres (circle one)

<u>Tree Removal Request (list one tree per row)</u> <u>DBH</u> (diameter measured at 4.5 feet above ground)			
Tree DBH	Tree Species	Reason for Removal (list all reasons for each tree)	



Property Owner Declaration Affidavit

	e undersigned herby applies for consideration as a property owner desiring to perform construction on /her own real property pursuant to O.C.G.A. § 43-41-17(h) as follows:		
Ар	plicant's Legal Name:		
Pro	operty Address:		
Pei	rmit Application Date: Permit Type:		
Pro	pject:		
ln i	making this request for a "property owner" permit, the undersigned states the following to be true:		
1.	Applicant does or intends to reside in or occupy the property, which will not be offered for sale or lease and will not be used by the general public.		
2.	Property described in the permit application is currently owned by applicant.		
3.	Applicant will perform the work or act as the general contractor, personally providing management and direct supervision of the work, and accepts inherent responsibilities for the work authorized by the approved permit.		
4.	Applicant agrees to hire Georgia-licensed contractors for work that is further sub-contracted. All plumbing, electrical, HVAC, and low-voltage work will require separate permits. The applicant may not delegate the responsibility to directly supervise and manage all or any part of the work relating thereto to any other person unless that person is licensed by the State of Georgia and the work being performed is within the scope of that person's license.		
5.	Applicant agrees to perform all work in accordance with all applicable codes and strictly adhere to the inspection requirements. The undersigned acknowledges that all required inspections must be performed in an established sequence prior to coverage of the work and that any work done in violation of the codes must be corrected or may be ordered to be removed.		
6.	Applicant acknowledges that he/she is aware that a permit issued under the provisions of applicable statutes, ordinances, and codes may be revoked for false statements or misrepresentation as to the material fact in the application on which the permit was based.		
7.	Applicant further acknowledges that he/she is aware that any knowingly false statements made in the permit application will subject said applicant to possible prosecution. Georgia Criminal Code, Section 16-10-71 (False Swearing).		
Sig	nature: Date:		
	BSCRIBED AND SWORN FORE ME ON THIS THE DAY OF, 20 My commission expires:		

Notary Public



NOTARIZED AUTHORIZATION OF PROPERTY LANDOWNER

TYPE OF APPLICATION:	Tree Pern	nit
I,		SWEAR THAT I AM THE PROPERTY
Printed owner		
LANDOWNER OF:		
AND PARCEL ID NO.		
AS SHOWN IN THE RECORDS OF	DEKALB COUNTY, G	GEORGIA WHICH IS THE SUBJECT MATTER OF
THE ATTACHED APPLICATION. I A	UTHORIZE THE PERS	SON NAMED BELOW TO ACT AS THE APPLICANT
IN THE PURSUIT OF THIS APPL	ICATION. I ALSO H	EREBY AUTHORIZE CITY STAFF TO INSPECT
PREMISES OF ABOVE DESCRIBED	D PROPERTY.	
NAME OF APPLICANT (PR	INT CLEARLY):	
ADDRESS:		
TELEPHONE:	EMAIL: _	
		Signature of Property Landowner
		Print Name of Property Landowner
Personally Appeared Before Me		
Who Swears That The Information Contained		
In this Authorization Is True and Correct		
To The Best of His or Her Knowledge and Belief.		
Signature of Notary Public		
Date	· · · · · · · · · · · · · · · · · · ·	