



City of Cotati
Community Development
Department
 201 W Sierra Avenue
 Cotati, CA 94931
 (707) 665-3636
permits@cotaticity.gov

DEPARTMENT USE ONLY		
PA #:		
Filing Date:		
Receipt No.:		
Received by:		
Associated PA #s:		
Environmental Review:	<input type="checkbox"/> Required <input type="checkbox"/> Exempt	

TREE REMOVAL PERMIT APPLICATION

Tree removal permit applications are filed with the Community Development Department. Only applications with all required submittal items will be accepted. Applicants should contact the Department regarding any questions about the application requirements prior to submittal. **Please note that City staff will perform an unannounced site visit to inspect the subject tree and post a notice of determination if the permit is approved. Prior to submission of this application, physically mark the subject tree with brightly colored paint or a ribbon.**

Project Site Information:

Project Name: _____
 Address(es): _____
 Assessor's Parcel Number(s): _____

Applicant Information:

Contact Name/Organization: _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Email Address: _____

Property Owner Information (If different from applicant):

Contact Name: _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Email Address: _____

Description of trees to be removed or altered:							
Location Key	Number of Trees	Estimated Height	Circumference 54" From Ground	Species/ Type of Tree	Reason for Removal/Alteration – Check Appropriate Box Below and Explain Details in Space Below "F"		
					<input type="checkbox"/> Dead <input type="checkbox"/> Diseased	<input type="checkbox"/> Hazardous <input type="checkbox"/> Nuisance	<input type="checkbox"/> Restricting Development <input type="checkbox"/> Other
A					<input type="checkbox"/> Dead <input type="checkbox"/> Diseased	<input type="checkbox"/> Hazardous <input type="checkbox"/> Nuisance	<input type="checkbox"/> Restricting Development <input type="checkbox"/> Other
B					<input type="checkbox"/> Dead <input type="checkbox"/> Diseased	<input type="checkbox"/> Hazardous <input type="checkbox"/> Nuisance	<input type="checkbox"/> Restricting Development <input type="checkbox"/> Other
C					<input type="checkbox"/> Dead <input type="checkbox"/> Diseased	<input type="checkbox"/> Hazardous <input type="checkbox"/> Nuisance	<input type="checkbox"/> Restricting Development <input type="checkbox"/> Other

Location Key	Number of Trees	Estimated Height	Circumference 54" from Ground	Species/Type of Tree	Reason for Removal/Alteration – Check Appropriate Box Below and Explain Details in Space Below "F"		
D					<input type="checkbox"/> Dead <input type="checkbox"/> Diseased	<input type="checkbox"/> Hazardous <input type="checkbox"/> Nuisance	<input type="checkbox"/> Restricting Development <input type="checkbox"/> Other
E					<input type="checkbox"/> Dead <input type="checkbox"/> Diseased	<input type="checkbox"/> Hazardous <input type="checkbox"/> Nuisance	<input type="checkbox"/> Restricting Development <input type="checkbox"/> Other
F					<input type="checkbox"/> Dead <input type="checkbox"/> Diseased	<input type="checkbox"/> Hazardous <input type="checkbox"/> Nuisance	<input type="checkbox"/> Restricting Development <input type="checkbox"/> Other
Detailed explanation of reasons for removal:							
Site Information							
Vacant Parcel <input type="checkbox"/> Yes <input type="checkbox"/> No			Existing Development <input type="checkbox"/> Yes <input type="checkbox"/> No			Proposed Development <input type="checkbox"/> Yes <input type="checkbox"/> No	
Proposed Tree Replacement:							

ATTACHMENTS
SUBMIT ATTACHMENTS IN DIGITAL FORMAT.

- Aerial photo with proposed tree removal(s) indicated.
- Photographs of tree(s) with labels indicating direction of photos.
- Certified arborist report may be required (talk to City staff for specific requirements).*

AGREEMENTS

PLEASE READ EACH STATEMENT AND CHECK EACH BOX BELOW INDICATING CONSENT

INDEMNIFICATION AGREEMENT The Applicant agrees to defend, indemnify, and hold harmless the City of Cotati, its agents, officers, council members, employees, boards, commissions and committees (collectively, the "Indemnitees"), from any claim, action or proceeding brought against any of the foregoing individuals or entities, the purpose of which is to attack, set aside, void or annul any approval of the applications or related decision, or the adoption of any environmental documents or negative declaration which relates to the approval. This indemnification shall include, but is not limited to, all damages, costs, expenses, attorney fees or expert witness fees that may be incurred by the City or awarded to the prevailing party arising out of, or in connection with, the approval of the application or related decision, whether or not there is concurrent, passive or active negligence on the part of the Indemnitees. If for any reason, any portion of this indemnification agreement is held to be void or unenforceable by a court of competent jurisdiction, the remainder of this agreement shall remain in full force and effect and shall be interpreted to allow the broadest indemnity allowed by law. In the event that applicant is required to defend the Indemnitees in connection with any such claim, action or proceeding, the City shall retain the right to (i) approve the counsel to so defend the Indemnitees, (ii) approve significant decisions concerning the matter in which the defense is conducted, and (iii) approve any and all settlements, which approvals shall not be unreasonably withheld by City. The City of Cotati shall have the right to appear and defend its interest in an action through the City Attorney or outside council.

I am the applicant or legally authorized representative and have read this information and agree with all of the above. I further certify that all of the information included in this application is correct.

Applicant's Signature: _____ Date: _____

PROPERTY OWNER'S CONSENT I declare under penalty of perjury that I am the owner of said property or have written authority from property owner to file this application. I certify that all of the submitted information is true and correct to the best of my knowledge and belief. I understand that any misrepresentation of submitted data may invalidate any approval of this application.

Property Owner's Signature: _____ Date: _____