



Parks and Recreation Department / Landscape Maintenance Division
245 East Bonita Avenue 91773
Phone # (909) 394-6276 Fax # (909) 3946276

Tree Permit

Date: _____*

Property Owner: _____

Contractor: _____

Address: _____

Address: _____

Telephone: _____

Telephone: _____

Number of Trees Affected: _____

Type of Permit

- Planting
- Removal
- Removal & Replacement
- Relocation
- Root-Pruning
- Pruning
- Other (please explain): _____

Reason For Request: _____

I, _____ do hereby request authorization of the City San Dimas to _____

(Name of Applicant)

(Items Checked Above)

street tree(s) at _____ in accordance with all City specifications. Said work will begin

(Address)

on _____, and will be completed by _____. I further agree to bear all costs and

(Date)

(Date)

liabilities connected with the approved project; and that, any contractor or subcontractor used to complete this project is identified and approved by the City of San Dimas; and that the approved work will be performed by a certified arborist; and that, I will contact the Municipal Arborist at (909) 394-6273 48 hours prior to work commencing in order to schedule an inspection.

Approved

Denied

Approved with Modifications

Modifications: _____

Signature of Parks and Landscape Director or designee

Signature of Permit Recipient

* Permit Expires 60 Calendar Days from the above Date