



Tree Permit

Parks and Recreation Department
Landscape Maintenance Division
245 East Bonita Avenue, 91773

Phone #: (909) 394-6230 Fax #: (909) 394-6205 email: parksrecreation@ci.san-dimas.ca.us

Date: _____

Property Owner: _____

Contractor: _____

Address: _____

Address: _____

Telephone: _____

Telephone: _____

Type of Permit

Planting

Root-Pruning

Pruning

Other (please explain): _____

Number of Trees Affected: _____

Reason for Request: _____

I, _____ do hereby request authorization of the City of San Dimas to perform the work as detailed above at _____ in accordance with all City specifications. I further agree to bear all costs and 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, I will contact the Municipal Arborist at (909) 394-6230 at least 48 hours prior to commencing work in order to schedule an inspection.

Approved

Denied

Approved with Modifications

Modifications: _____

Date: _____

Signature of Parks and Recreation Director or designee

Signature of Permit Recipient

* Permit Expires 60 Calendar Days from date of approval