



# Application to Remove a Tree

## CITY OF PUYALLUP

Planning Division  
333 South Meridian  
Puyallup, WA 98371  
Phone: (253) 864-4165.  
Email: cbeale@ci.puyallup.wa.us

### Checklist:

All significant trees shall be examined by a certified arborist - with a certification in Tree Risk Assessment (TRAQ) - prior to application for removal. Please include the Tree Risk Assessment report when submitting your permit request.

For all trees in critical areas, a report from a certified arborist that documents the condition and hazard of the trees and provides a replanting schedule for the replacement trees is required.

In critical areas, the landowner shall replace any trees that are felled with new trees at a ratio of two replacement native trees for each one tree felled, within one year in accordance with an approved restoration plan.

I (one) CD of complete submittal package

### Office Use Only:

Submittal Date: \_\_\_/\_\_\_/\_\_\_ Case No: \_\_\_-\_\_\_-\_\_\_ GIS: \_\_\_ Inventory: \_\_\_

This permit application is required if you would like remove a significant tree or any tree in critical areas that reside on private property. Significant trees are all large, healthy and growing coniferous trees greater than fifteen (15) inches DBH (diameter breast height at 4.5' above ground). Critical areas are wetlands, fish and wildlife habitat areas, critical aquifer recharge areas, geologically hazardous areas, and all buffer areas that are associated with these natural sensitive features. When preparing this application, please print or type the reply to each question. If you have any questions, please contact the *Development Services Center at (253) 864-4165*.

Application Fee: Free

## Application Information

### Applicant Information:

Name <b>Jessy Linzy</b>		
Street Address <b>985 Walnut Ave</b>		
City <b>Vallejo</b>	State <b>CA</b>	Zip <b>94592</b>
Phone <b>(925) 459-4051</b>	E-mail <b>jlinzy@aplustree.com</b>	

### Location of Tree Work: (if different than the applicant's info)

Name <b>Meridian Pointe</b>		
Street Address <b>407 Valley Ave NE</b>		
City <b>Puyallup</b>	State <b>WA</b>	Zip <b>98372</b>
Phone	E-mail <b>manager@meridianpointe.co</b>	

### Tree Work Information:

Do you own the home at the location of tree work?  Yes  No

Which tree service do you plan on hiring to do the requested work?

Company Name <b>A Plus Tree, LLC</b>		
Contact Name (Certified Arborist) <b>Jessy Linzy</b>	Arborist Cert. <b>#WE-135004</b>	
Phone <b>(925) 459-4051</b>	E-mail <b>jlinzy@aplustree.com</b>	

Have you contracted with this company yet?  Yes  No

Expected starting date of tree work: 7 / 10 / 23

Expected ending date of tree work: 7 / 11 / 23

**Tree Removal:**

Is the proposed tree(s) to be removed in a critical area (i.e. is the tree located in a wetland or wetland buffer, steep slope/erosion hazard area, habitat area or stream buffer)?

Yes     No     I do not know

Indicate the type and quantity of trees that need to be removed.

Tree Type/Species	DBH	Height	Quantity
Austrian pine	23.5", 18.5" +	~55', ~50'	2
red maple, Norway maple	23.2", 10.7" +	~45', ~25' +	2

**Tree Replacement:**

Will you be replacing a tree to be removed? If so, please describe the species, quantity, location, spacing and when the replant will take place for each tree type.

Tree Type/Species	Quantity	Location	Spacing	Date
Austrian pine, red oak	2	same as removal		7/11/23
red maple, western red cedar	2	same as removal		7/11/23

Describe the work requested and anything else we should know about this tree(s). Please be as specific as possible. Please be sure to provide the justification for this tree removal proposal. If needed, you may use illustrations in the space below or attached to this permit.

Please see attached arborist and TRAQ report for Meridian Pointe. These trees have been

**CERTIFICATION:**

I hereby state that I am the applicant listed above, and certify that all information contained above and in exhibits attached hereto is true and correct to the best of my knowledge and belief and is submitted for consideration by the City of Puyallup, pursuant to the provision of the Puyallup Municipal Code.

Signature of Applicant \_\_\_\_\_ Date 6/13/23

Signature of Owner \_\_\_\_\_ Date 6/4/23  
(If different than the Applicant)