



Application to Remove a Tree

CITY OF PUYALLUP

Planning Division
333 South Meridian
Puyallup, WA 98371
Phone: 253-841-5571
Fax: 253-840-6678
Email: cbeole@ci.puyallup.wa.us

Checklist:

- All significant trees and trees in critical areas or buffers 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.**
- In critical areas, the landowner shall replace any trees that are felled with new trees at a ratio of two (2) replacement native trees for each one (1) tree removed, within one year in accordance with an approved restoration plan. See page 2.

Office Use Only:

Submittal Date: ___/___/___ Case No: ___-___-___ GIS: ___ Inventory: ___

This permit application is only required if you would like remove a significant tree or **any** tree in critical areas. Significant trees are all healthy and growing trees greater than **fifteen (15) inches DBH** (diameter breast height = 4.5' above ground).

Critical areas are a wetland or wetland buffer, steep slope/erosion hazard area, habitat area or stream buffer, 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 Eric Mullin c/o A Plus Tree, Inc		
Street Address 985 Walnut Ave		
City Vallejo	State CA	Zip 94592
Phone Fax	E-mail ericm@aplustree.com	

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

Name Meridian Pointe Apartments		
Street Address 407 Valley Ave NE		
City Puyallup	State WA	Zip 98372
Phone Fax	E-mail	

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 A Plus Tree, Inc		
Contact Name (Certified Arborist) Eric Mullin	Arborist Cert. # WE-9864A	
Phone Fax	E-mail ericm@aplustree.com	

Have you contracted with this company yet? yes no

Expected starting date of tree work: ___/___/___ **TBD**

Expected ending date of tree work: ___/___/___ **TBD**

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
See Accompanying Report			

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. **Please note – all trees removed from a critical area are required to be replaced with two (2) new trees for each one (1) removed.**

Tree Type/Species/nursery size	Quantity	Location	Spacing	Date
See Accompanying Report				

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.

Removal and replacement of three (3) significant trees in various locations on the property. Please see accompanying report for additional details.

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 12/29/22

Signature of Owner  Date 1/4/2023
(If different than the Applicant)