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invalidate this notice.

LOV 1 9 2019 City of Brisbane

Community Development Dept. 50 Park Place Brisbane, CA 94005 (415) 508-2120

Comm. Dev. Dept. B7-Day Notice from Owner to City: For Severe Tree Trimming or

Removal of Non-protected Mature Tree City Hall Hours: M-T-Th 8-5, W 8-8, F 8-1

Applicability: Brisbane Municipal Code Section 12.12.050.A allows that following submittal of a 7 calendar day notice to the Community Development Department (CDD), any species of tree may be severely trimmed (as long as the trimming would not result in the death of the tree) and certain tree species may be removed. This form serves as that required notice. A date stamp from the CDD on this form is required for the notice to be considered effective. Approval will be implicit after 7 days, unless the City contacts the owner or owner's agent listed on this form within the 7 day time period to indicate that the severe trimming or removal may not proceed. For information on trees subject to noticing only and standard conditions, please see pages 3 and 4 of this handout. Note that the CDD will require access to view the tree for verification of the information provided herein. Also, failure to provide adequate or correct contact information will

This form may only be used for trees meeting the criteria provided in the BMC Chapter 12.12. It shall not be used for trees located in the public right-of-way, or on any property owned by others who are not listed and signed on to this

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Address	of Tree(s) Pr	oposed for Removal240 M	endoci	no St	
If notice		ral, is the tree a Protected Tree (see deered "Yes" to the above, please STOP			
Photo ID#	Trimming or Removal (T or R)	Species (Scientific and Common Name)	Invasive (Yes/No). If yes, cite reference.	Tree circumference at 2 Ft. above Grade	Description of Tree Location
1	R	Incense Cedar	No	921/2"	Front yard
		·			V
removed	l for field ver	th tree, keyed to a site plan or aerial phification. Required attachments: or aerial photo showing tree locations(•	
Owner's	Information	:			
7/086		Movemo			
Owner Firs	t Name	L	ast Name		
Mailing Str	eet# N	lailing Street	Mailing City	Mailing S	itate Mailing Zip
Email		_ Phone			