

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

07/16/21 **CITY OF BRISBANE**

RECEIVED

COMMUNITY 7-Day Notice from Owner to City: DEVELOPMENT 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 invalidate this notice.

This form may only be used for trees meeting the criteria provided in the BMC Chapter 12.12. It shall **not** be used for

orm.		240 Mand	naina atrant		
Address	of Tree(s) Pro	oposed for Removal 340 Mend	ocino street		
	is for remov	al, is the tree a Protected Tree (se ered "Yes" to the above, please ST	ee definitions on p		•
Photo ID#	Trimming or Removal (T or R)	Species (Scientific and Common Name	(Yes/No). If yes, cite reference.	Tree circumference at 2 Ft. above Grade	Description of Tree Location
	R	Palm Tree	No	10'	Protected Tree Removal Description of Tree Location front right corner of lot when facing hou ach tree to be trimmed or
emoved	for field ver	th tree, keyed to a site plan or aeri ification. Required attachments: or aerial photo showing tree locati			
wner Firs	t Name		Last Name		
	eet# N	ailing Street	Mailing City	Mailing :	State Mailing Zip
1ailing Str		to the product that believes, they sent the man			

OWNER ACKNOWLEDGMENT											
The information submitted herein is truprovided on page 4 of this form.			agree to the standard conditions of approval Date 7/14/2021								
Property Owner's Signature (required) _											
	***	*									
If an agent is submitting on behalf of the or	wner, provide the fo	llowing additional	information:								
Agent First Name	Agent Last Name	Business Nar	me		ŧi.						
Business Street # Street	Ci	ty	State	Zip							
Email		<u> </u>									
Business Phone N	Nobile Phone										
Agent Signature (required)		Date									
	****	*									
➤ ELECTRONIC SUBMITTAL REQUIRE planningapplications@brisbaneca.org, A											
For staff use only											
Date Received07/19/21	Revi	iewed by	X/_								







