



# CITY OF WHITE SALMON

## CITY HALL OFFICE

### Tree Removal Notification Form

#### 1. PROPERTY OWNER INFORMATION

- Name: \_\_\_\_\_
- Mailing Address: \_\_\_\_\_
- Phone Number: \_\_\_\_\_
- Email: \_\_\_\_\_

#### 2. SITE INFORMATION

- Site Address: \_\_\_\_\_
- Parcel Number: \_\_\_\_\_
- Zoning District: \_\_\_\_\_

#### 3. TREE REMOVAL DETAILS

- Total number of trees proposed for removal: \_\_\_\_\_
- Species (if known): \_\_\_\_\_  
\_\_\_\_\_
- Reason for Removal:
  - ☐ Dead/Diseased
  - ☐ Hazard to Structures or Utilities
  - ☐ Invasive Species
  - ☐ Site Development
  - ☐ Other (please explain): \_\_\_\_\_
- Tree Diameter at Breast Height (DBH):  
Tree 1: \_\_\_\_ in    Tree 2: \_\_\_\_ in    Tree 3: \_\_\_\_ in
- Tree Height Estimate (if known):  
Tree 1: \_\_\_\_ ft    Tree 2: \_\_\_\_ ft    Tree 3: \_\_\_\_ ft
- Is the tree located within a critical area or on a slope over 15%?
  - ☐ Yes    ☐ No    ☐ Unsure
- Will any equipment (e.g., cranes, heavy machinery) be used for removal?
  - ☐ Yes    ☐ No



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#### 4. REPLANTING PLAN (if applicable)

- Are replacement trees being planted? ☐ Yes ☐ No

If yes, how many? \_\_\_\_\_

Species and Location:

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#### 5. ADDITIONAL REQUIREMENTS (Check all that apply)

- ☐ Site Plan or sketch showing tree location(s)
- ☐ Photos of trees proposed for removal
- ☐ Arborist Report (if tree is healthy and removal is not related to hazard)

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#### 6. APPLICANT SIGNATURE

I hereby certify that the information provided above is accurate and complete to the best of my knowledge. I understand that removal of trees without notification or required approval may result in enforcement action.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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#### FOR STAFF USE ONLY

☐ Reviewed ☐ More Info Needed ☐ Approved ☐ Denied

Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_

Notes/Conditions:

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