



CITY OF West Linn

Tree Removal Permit

Please submit **pictures** of trees and **site map** with trees clearly identified to complete application.

Please mark trees on site with ribbon, flagging tape or other marker.

Email submissions are acceptable. Please do not fax pictures or site map.

Property Owner

Tree Site Address (if different)

Name _____

Address _____

Phone # _____

Email _____

Number, Diameter, and Species of Trees:

1. _____

4. _____

2. _____

5. _____

3. _____

6. _____

Reasons for Removal (code section 8.630)

Owners Signature

Date

Staff Only Below this Line

Approved _____ Not Approved _____

Signature

Date

Reasons for Approval/Denial:

Conditions of Approval

After a decision is made, there is a 10 day appeal period. If you do not hear from the City within this period then the **tree may be removed on or after** _____.

This permit expires after one year.

The approved permit must be clearly posted on site when tree removal is occurring.

City of West Linn Parks and Recreation Department
2250 Salamo Rd., West Linn, OR 97068
Ph. 503-557-4700 Fax 503-656-4106
mperkins@westlinnoregon.gov