



TREE REMOVAL PERMIT

DETAILS FOR APPLICANT AND PROPERTY OWNER

--Submission--

Please complete the following actions for the tree removal application process:

- Mark trees on site with ribbon, flagging tape or other marker.
- Submit a Complete Tree Removal Application, which includes the following three documents:
 1. **This permit form completed and signed by the property owner and applicant.**
 2. **Pictures clearly identifying the tree(s) to be removed.**
 3. **A site map of the property with the tree location(s) clearly marked.**

Complete Tree Removal Applications can be submitted the following ways:

- Email all documents to: _____ → **treepermits@westlinnoregon.gov**
- OR
- Print all documents and submit to: _____ → **West Linn Parks & Recreation Department
22500 Salamo Rd
West Linn, Oregon 97068**

Please submit all documents in one submission, all together. Please do not fax photographs or site map.

--Process--

Once submitted, our Arborist will review and verify that the application is complete by **code 8.610 Chapter 8 BUILDING**.

- Processing the application may take up to **30 business days total**.
 - This includes **20 business days** for a decision, and a **10 business day** appeal period.
 - If the decision is appealed, it can add an **additional 30 business days**.
 - Incomplete applications will extend processing time.
 - Timeline details can be found in **section 8.620 Chapter 8 BUILDING**.
- Once the permit has final approval you will receive an email with the approval or denial of your application.

If you have any questions, it is best to email the Arborist at: **treepermits@westlinnoregon.gov**

--Conditions of Approval--

After a decision is made, there is a 10 business day appeal period.

If you do not hear from the City within this period, **then the tree may be removed on or after**

If approved, this permit expires after one year.

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

STAFF ONLY	CITY ARBORIST
Removal Date	Initials

Applicant: _____ Phone: _____

E-Mail (**required**): _____

Property Owner: _____ Phone: _____

E-Mail: _____

Address of Tree Removal: _____

Number of Trees, Trunk Diameter, & Type of Trees(s) to be removed:

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Are the trees designated for this removal associated with any current or future development: Yes ☐ No ☐

Describe Reasons for Removal: (Additionally, check the Tree Removal Criteria on page 2)

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APPLICANT

PROPERTY OWNER (REQUIRED IF DIFFERENT)

Signature _____ Date _____

Signature _____ Date _____

STAFF ONLY

CITY ARBORIST

Approved ☐

Denied ☐

Please refer to page 2 of removal permit for criteria/reason.

Signature _____ Date _____



West Linn Parks & Recreation Department | 22500 Salamo Rd | West Linn, OR 97068 | 503-557-4700