



Tree Removal / Trimming Permit

City of Klamath Falls Parks Department
685 Lakeshore Drive, Klamath Falls, OR 97601

Permit Number(s): _____

OFFICIAL USE ONLY

Date Received: _____ Date Approved: _____

Permission is granted according to the application with the following conditions: _____

APPLICANT INFORMATION

Please check primary contact person

Landowner Name: _____ Daytime Phone: _____

Mailing Address: _____

Applicant Name: _____ Daytime Phone: _____

Mailing Address: _____

Contractor Name: _____ Daytime Phone: _____

City Business License No: _____ Expiration Date: _____

SUBJECT SITE INFORMATION

Property Address: _____

Tree Removal

Number of trees and stumps to be removed _____ Type / Species _____

Size, species and number of trees proposed to replace those removed:

Species _____ Size _____ Number of trees replacing _____

Tree Trimming – Number of trees to be trimmed _____ Type / Species _____

Expected date of completion _____

(Note: Applicant is responsible for calling the City when the work is complete)

Continued on the reverse side

Reason for Removal or Trimming:

- Hazardous** - Tree is dead, dying diseased beyond reclamation, hazardous, or fire safety

Explain: _____

- Training / Trimming / Thinning:** - Tree branches are too crowded and good horticulture practices dictate thinning, or trimming to reduce size of tree, or pruning to train for structure.

Explain: _____

- Interference** - Tree is interfering with existing or proposed utilities, structures or right-of-way improvements or obstructing existing or proposed improvements that cannot be reasonably designed to avoid the need for tree removal, or tree is crowding other tree(s).

Explain: _____

- Unsuitable Species** - Tree is a willow, Siberian Elm, Box Elder, or Fruit or Nut Bearing.

Explain: _____

- Replacement** - Tree is to be replaced by a tree that within a 10-year period will provide equal or better shade, screening, solar efficiency or visual amenity as verified in writing by a registered landscape architect, licensed contractor, certified nurseryman or arborist.

Explain: _____

- Other**

Explain: _____

THIS PERMIT IS VALID FOR 30 DAYS FROM THE ISSUE DATE

Signatures

Property Owner(s) or Authorized Representative _____ Date _____

City Parks Department _____ Date _____