

TREE CARE PERMIT APPLICATION

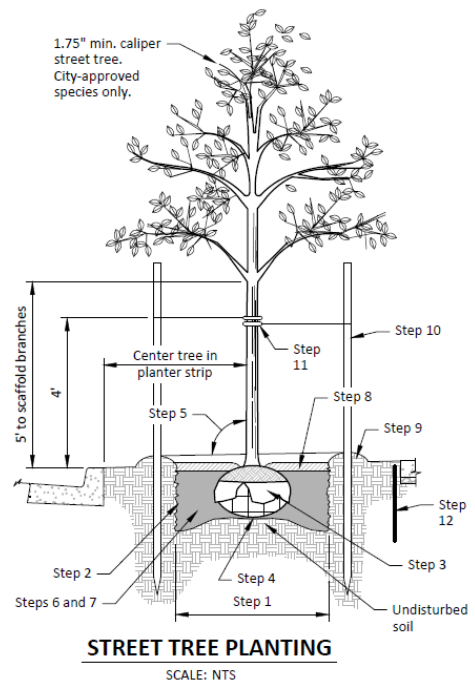
Date:	This application is for: (choose all that apply)		
Site Address (or closest address):	<input type="checkbox"/> Removal of street tree(s) Number of trees to be removed:		
Applicant <input type="checkbox"/> Primary Contact Name:	Species of tree(s) (if known):		
Organization Name:	Purpose of removal:		
Address:	<input type="checkbox"/> Installation of street tree(s) Number of trees to be planted:		
City:	State:	Zip Code:	
Mobile #:	Species of tree(s):		
Email:	_____ (Initial) I understand planting street trees requires the installation of root barriers*.		
Contractor <input type="checkbox"/> Primary Contact Name:	<input type="checkbox"/> Major pruning** of street tree(s)		
Organization Name:	<input type="checkbox"/> Other tree care in the right-of-way		
Address:	Description of work:		
City:	State:	Zip Code:	
Email:			
CCB#:			
Start Date:	End Date:		
Number of days of construction:			
Street Closure: <input type="checkbox"/> Yes <input type="checkbox"/> No (If proposing street closure, additional review by Transportation is required.)			

****MAJOR PRUNING** means pruning in a manner that causes the removal of branches two inches in diameter or greater; removal of roots two inches in diameter or greater; or removal of branches constituting more than 20 percent of the crown.

Please refer to [Section 700, Street Tree Planting Std. Drg. 730-1](#) and the City of Hillsboro’s approved [Street Tree List](#) for information on street tree planting and root barriers. These can be found in the City of Hillsboro Design and Construction Standards on our website: www.Hillsboro-Oregon.gov/DCS

***APPROVED ROOT BARRIERS:**

1. Deeproot UB 18-2
2. Villa Linear Barrier
3. NDS EP-1850
4. Typar Biobarrier
5. OR Approved Equal



Submittal Requirements

- Site plan (or construction drawings depending on scope)
- Traffic Control Plan (if not included in site plan)
- Certificate of Liability insurance from Licensed Contractor (if hiring a contractor)

BY SIGNING BELOW, THE APPLICANT(S) SHALL CERTIFY THAT:

- The above request does not violate any recorded deed restrictions that may be attached to or imposed upon the subject property.
- If the application is granted, the applicant will exercise the rights granted in accordance with the terms and subject to all the conditions and limitations of the approval.
- All the above statements and the statements in any plot plan, attachments, and exhibits transmitted herewith, are true; and the applicants to acknowledge that any permit issued, based on this application, may be revoked if it is found that that any such statements are false.
- The applicant has read the entire contents of this application, including the policies and criteria, and understands the requirements for approving or denying the application.

Applicant / Authorized Agent

Name (Print): _____

Signature: _____ Date: _____

Please submit your application and all required supporting documents to:

Eng_Permits@Hillsboro-Oregon.gov.

If you have any questions, please contact 503-681-6146

FOR OFFICIAL USE ONLY

Assigned Review # _____

Received by Staff: _____

Public Works Department

4415 NE 30th Avenue, Hillsboro, Oregon 97124

Phone 503.615.6509 Fax 503.615.6580 Web Hillsboro-Oregon.gov/PublicWorks