



**TREE REMOVAL PERMIT
APPLICATION**

**City of Alpharetta Arborist
Engineering/Public Works Department
1790 Hembree Road
Alpharetta, Georgia 30009
Office: (678) 297-6200
Fax: (678) 297-6201
treepermits@alpharetta.ga.us**

<u>For City of Alpharetta use only</u>	
Residential _____	Commercial _____
Approval: Yes _____	No _____
Tree Removal Permit #: _____	
Reviewed By _____	Date _____

This permit application is for the removal of trees within the City of Alpharetta. It is intended to familiarize the permittee with the general requirements of the Tree Protection Ordinance of the City's Unified Development Code (Section 3.2)

**FAILURE TO COMPLY WITH THESE PROCEDURES MAY RESULT IN PENALTIES AND/OR FINES.
Contact the City Arborist Technician for information and questions regarding tree removals**

1. A tree removal permit application **MUST** be submitted to the City of Alpharetta prior to the removal of any tree (**DEAD or ALIVE**) from residential or commercial property. Property owners name and contact information **MUST** be provided
2. Emergency tree removals will be handled on a case by case basis please call the Arborist Technician as soon as possible. **If an emergency removal occurs during non-business hours or a City representative cannot be contacted provide the Arborist Technician with a voice message, fax, or email as soon as possible. Take pictures to document the removal and submit a completed application and supporting documentation by the next business day.**
3. All trees to be removed must be accurately measured at dbh* (size estimates are not acceptable).
4. All trees to be removed must be easily identifiable in the field and must correspond to the ID listed below for verification.
5. Include a sketch of the property with locations of the trees to be removed include any structures, driveways, etc. **For those trees near property lines, property corners must be verified by the owner.**
6. Tree removals may not cause a property to go below the minimum density requirements as stated in the Tree Protection Ordinance. An approved replanting is required within 9 months.
7. The removal of any **specimen** tree without prior written approval may result in additional penalties. (**Specimen Tree categories are: Understory Trees 8" dbh* and greater, Overstory Trees 24" dbh* and greater, and Pines 30" dbh* and greater.**)
8. **TREE REMOVAL PERMITS OR WRITTEN APPROVAL WILL BE ISSUED WITHIN 10 BUSINESS DAYS FROM THE DATE OF SUBMITTAL.**

Please provide as much information as possible and include additional sheets if needed

Address _____ Zip _____ Subdivision _____ Year Built _____

Owner Contact: _____ Phone: _____ Mobile: _____ Fax: _____

Contractor Contact: _____ Phone: _____ Mobile: _____ Fax: _____

Tree #	Botanical or Common Name	Dbh* or circumference	Reason for Removal	City Comments

I have read and understand the above information.

Signature of Property Owner or Contractor _____ Date _____ ISA Certification # _____

* Diameter at breast height (dbh) measured at 4.5' above the groundline (please contact the City Arborist Technician for verification of dbh for multi-stemmed trees. Form Approved 4/22/2010