

TOWN OF PARADISE
COMMUNITY DEVELOPMENT DEPARTMENT (PLANNING DIVISION)
5555 SKYWAY, PARADISE - (530) 872-6291
TREE FELLING APPLICATION/PERMIT

AP NO.	PERMIT NO.	DATE:
PROPERTY ADDRESS:		
PROJECT DESCRIPTION (attach additional sheet(s) if necessary)		
NUMBER OF TREES: _____ TYPE OF TREES: _____		
CIRCUMFERENCE OF TREES (at 54" above grade): _____		
DATE FELLING SHALL START: _____		
CONSTRUCTION PERMIT NO: _____ DATE ISSUED _____		
PURPOSE OF REMOVAL: _____		
TREE FELLING PERMIT HISTORY FOR PROPERTY: _____		
OWNER INFORMATION:		
NAME: _____ TELEPHONE NUMBER: _____		
ADDRESS: STREET NUMBER/NAME: _____		
CITY/STATE/ZIP: _____		
CONTRACTOR INFORMATION:		
NAME: _____ TELEPHONE NUMBER: _____		
ADDRESS: STREET NUMBER/NAME: _____		
CITY/STATE/ZIP: _____		
PERMIT FEE \$	REPLACEMENT FEE \$	RECEIPT NO.

PLOT PLAN (Show Street, Structure and Tree(s) in space provided below.)

If this permit application is for five (5) or more qualifying trees, submit a separate plot map drawn to scale.

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(SEE BACK PAGE FOR ADDITIONAL INFORMATION)

CONTRACTOR LICENSE LAW

I declare under penalty of perjury (check one):

- ☐ I am licensed under provisions of the Business and Professions Code and my license is in full force and effect.
License No. _____ Classification _____
- ☐ The contracted service price is \$500.00 valuation or less and owner provided written disclosure as per Business & Professions Code Section 7048.
- ☐ I, as the owner, or my employees with wages as their sole compensation will do the work.
- ☐ I, as the owner, am exclusively contracting with licensed contractors.
- ☐ I am licensed under provisions of Public Resources Code 4570 et seq. and my license is in full force and effect.
License No. _____
- ☐ I, as the owner, am exclusively contracting with a licensed timber operator.

WORKER'S COMPENSATION INSURANCE: I declare under penalty of perjury (check one):

- ☐ I have placed on file with the Town of Paradise Community Development Department a certificate of worker's compensation or a certificate of consent to self insure.
- ☐ I shall not employ any person in any manner so as to become subject to the workers compensation laws of California.
- ☐ The contracted service price is \$500.00 valuation or less.

NOTICE TO APPLICANT: If after making this statement, should you become subject to the workers compensation provisions of the Labor Code, you must forthwith comply with such provisions or this permit shall be deemed revoked.

CERTIFICATION: I certify that I have read this application and state that the above information is correct. I agree to comply to all town ordinances and state laws relating to tree cutting, and hereby authorize representatives of the Town of Paradise to enter upon the above-mentioned property for inspection purposes. I also agree to save, indemnify and keep harmless the town and its agents against all liabilities, judgments, costs and expenses that may in any way accrue against said agency in consequence of the granting of this permit.

I understand that for each tree felled, one tree (fifteen gallon minimum size) shall be planted within twelve months thereafter or within one year of occupancy of new construction, whichever occurs first.

X _____ Date: _____

Signature of Applicant - Owner _____ Contractor _____ Agent _____ LTO _____

APPROVAL:

- ☐ Approved
- ☐ Disapproved

By _____ (Town Manager or Designee) Date: _____

It is recommended that you contact the California Department of Forestry, Redding Office, (530) 225-2418 for regulations that may apply to tree felling. This permit expires 90 days beyond date of issue.

POST THIS PERMIT AT A POINT PROVIDING PRIMARY ACCESS TO THE SITE OF THE TREE FELLING PRIOR TO FELLING ANY QUALIFYING TREES.

NO QUALIFYING TREE SHALL BE REMOVED WITHOUT POSSESSION OF AN APPROVED PERMIT.