

Send completed form and attachments to:
City of Livermore
Maintenance Division
3500 Robertson Park Road
Livermore, CA 94550



If you have any questions, call the City's
Maintenance Division at (925) 960-8020.

* If permit is approved, I hereby agree to do the work in
accordance with City of Livermore's standards and
special provisions.

City of Livermore Tree Action Permit Application

The City of Livermore will reply by email within 30 to 45 calendar days from receipt of your application.

http://www.cityoflivermore.net/citygov/pw/public_works_divisions/maint/maint.htm

SECTION 1: To be completed by property owner. Organizations or trustees must provide proof of authorization.

Name: _____
Address: _____ Zip: _____
Email: _____ ☎: _____

Location of tree on lot: _____
Must attach a site plan or diagram (NO Google Earth) indicating location of the tree(s) and
photo (NO Google Earth) of the tree(s)

Reason (check all that applies):

- | | | |
|--|---|--|
| <input type="checkbox"/> Damaged beyond repair | <input type="checkbox"/> Insects | <input type="checkbox"/> Other (explain) |
| <input type="checkbox"/> Dead or dying | <input type="checkbox"/> Sewer/drain problems (explain) | |
| <input type="checkbox"/> Disease | <input type="checkbox"/> Structural damage (explain) | |
| <input type="checkbox"/> Excessive maintenance | <input type="checkbox"/> Suckers and seedlings | |
| <input type="checkbox"/> Hazard (explain) | <input type="checkbox"/> Too close to structure(s) | |

Explanation or comments:

Check box if additional explanation/comments are attached.

Property Owner's Signature*

Date

SECTION 2: To be completed by certified arborist (Required. Arborist is not provided by the City of Livermore).

Business Name: _____
Arborist's Name: _____ ☎: _____
Certification #: _____ Exp. Date: _____

Type of tree(s): _____
of trees: _____ Circumference at breast height: _____ (inches)

General description of problem with tree(s):

Recommended Action: Remove Trim
 Root prune Other

Reason for recommendation:

Check box if additional explanation/comments are attached.

Certified Arborist's Signature*

Date

SECTION 3: To be completed by City of Livermore.

Approved

Denied

Work Order # _____

Check all applicable: Private Ancestral
 Street Native
 Dead or Dying

Staff's Comments: Check box if there is attachment.

Admin Use Only:

Date application completed

Initials

Date Accela updated

Initials

Replacement Species (If replacement is required):

1. _____
2. _____
3. _____

Inspected By (Print Name) (City Arborist)

Signature

Date

Reviewed By (Print Name and Title)

Signature

Date