



**CITY OF RIDGEFIELD**

Public Works Department  
301 N 3<sup>rd</sup> Avenue  
Ridgefield, WA 98642  
Tel: (360) 887-8251  
Fax: (360) 887-2507  
[www.ci.ridgefield.wa.us](http://www.ci.ridgefield.wa.us)

OFFICE USE ONLY	
Received by: _____	Date: _____
Public Works Director Approval: _____	
Approval Date: _____	
Fee Paid: _____	Date: _____
Date Permit Granted: _____	

## TREE CUTTING PERMIT

Pursuant to Ridgefield Municipal Code Chapter 12.12, any person wishing to cut or substantially cut a street or park tree must obtain a permit from the City of Ridgefield to do so. To obtain a permit, please complete this permit application in its entirety and submit to the Permit Specialist located at 301 N. 3<sup>rd</sup> Avenue. Please note that all work must be completed by a licensed and bonded tree faller, or other person approved by the City of Ridgefield.

**APPLICANT REPRESENTATIVE:**

*All contact will be made solely to this person.*

NAME: \_\_\_\_\_ COMPANY: \_\_\_\_\_

MAILING ADDRESS (INCLUDING CITY, STATE, ZIP): \_\_\_\_\_

PHONE: \_\_\_\_\_

CONTRACTOR'S LICENSE NUMBER: \_\_\_\_\_ EXP DATE: \_\_\_\_\_

CONTRACTOR'S BOND INFORMATION: \_\_\_\_\_

**OWNERSHIP AND PROPERTY LOCATION:**

PROPERTY OWNER(S): \_\_\_\_\_ LOT/SERIAL NO: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

NUMBER OF TREES TO BE CUT AND LOCATION(S) (If necessary, attach a map, drawn to scale, showing the location of the tree(s) in relation to existing structures, streets, sidewalks, rights-of-way and driveways):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SPECIES OF TREE(S) TO BE CUT: \_\_\_\_\_

REASON FOR CUTTING, PER RMC 12.12.020 (please circle applicable reason):

- 1) Tree or trees which removal or cutting is requested has an adverse economic impact upon the private property; or
- 2) Tree or trees present a practical difficulty other than such adverse impact creating substantial hardship for the affected property owner

ADDITIONAL INFORMATION: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

DATE AND TIME OF PROPOSED REMOVAL: \_\_\_\_\_

METHOD REMOVAL: \_\_\_\_\_

PROPOSED LANDSCAPING AND/OR TREE(S) TO REPLACE TREE(S) TO BE CUT:

\_\_\_\_\_  
\_\_\_\_\_

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**REQUIRED SUBMITTAL REQUIREMENTS**

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<b>SUBMITTED?</b>	<b>Number of submittal materials</b>	<b>TREE CUTTING PERMIT SUBMITTAL REQUIREMENTS</b>
	<b>1</b>	<b>THIS</b> Application Checklist
	<b>1</b>	<b>Site plan</b> that contains a graphic scale and shows property lines; tree or trees to be removed; relation of tree(s) to existing structures, sidewalks, streets, right-of-way and driveway.

By affixing my signature hereto, I acknowledge that the information contained herein is accurate to the best of my knowledge and that I am the owner of the premises where the work is to be performed or am acting as the owner(s) authorized agent. I understand that it is my responsibility to request inspections as required by the City as work progresses and to continue to do so until the project is completed and approved and, further, that if the work of this permit is not commenced within 180 days of the date of permit issuance, or if the work is suspended for a period of 180 days or more, this permit will become invalid in accordance with the adopted building Code.

**OWNER/AGENT:**

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_