



CITY of CALABASAS

Community Development Department
Planning Division
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www.cityofcalabasas.com

OAK TREES

Supplemental Application

For Oak Tree Permits, Minor (Healthy) Oak Tree Permits and Retroactive Oak Tree Permits

OAK TREE PERMIT SUMMARY

Request is for: _____ Encroachment into protected zone _____ Removal
 # of Trees Impacted: _____ Encroachments _____ Removals
 % of Protected Zone encroached upon: _____
 Tree Species: _____ Valley Oak _____ Coast Live Oak _____ Scrub Oak

MINOR (HEALTHY) OAK TREE PERMIT SUMMARY

No. of Oak Trees to be pruned: _____
 Estimated no. of branches to be pruned: _____
 Size range of diameter of branches to be pruned: _____

Person/company performing the work: *(Complete Below)*

Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Cell / Other Phone: _____ E-mail: _____

For Healthy Oak Tree Permits complete the diagram on Page 3

RETROACTIVE OAK TREE PERMITS

(To be completed only if work was done previously without a permit.)

1. Does this project impact Scrub Oak: _____ Yes _____ No
If this Application is for Shrub Oak Habitat only, go directly to item 9 below.
2. How many Oak trees are impacted: _____
3. What Species are the impacted Trees: _____ Valley Oak _____ Coast Live Oak
4. What is the approximate size of the trunk(s): _____
5. How many Oak Trees have been removed: _____
6. How many Oak Trees have been pruned: _____
7. Estimate number of branches pruned: _____
8. Size range of diameter of branches pruned: _____
9. Are trees adjacent or on a slope: _____ Yes _____ No
10. What was the purpose of the Oak Tree removal or pruning:
(use additional sheets if necessary) _____
11. When was work performed: _____
12. Who performed work: *(Complete Below)*
Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Cell / Other Phone: _____ E-mail: _____
13. If different from the applicant, who authorized the work: *(Complete Below)*
Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Cell / Other Phone: _____ E-mail: _____
14. Please complete the diagrams on page two of this supplemental questionnaire
(for information on how to complete this section, see examples on page 3)
Address the following:
Indicate on the tree or shrub oak plot plan the approximate location of the impacted tree(s).
Indicate on the plan view and elevation view the extent of the impacted foliage.
Indicate on the elevation view any impacts to the oak tree drip line.

FOR INFORMATION ON HOW TO COMPLETE THIS SECTION, SEE EXAMPLES ON PAGE 4

Oak Tree Plot Plan
(complete below or attach additional sheets)

A rectangular diagram representing a plot plan. The top boundary is labeled "Property Line". The left and right boundaries are also labeled "Property Line". The bottom boundary is labeled "Public Sidewalk or Street Frontage". The interior of the rectangle is blank, intended for a drawing of an oak tree.

Plan View **Tree No.:** _____

(complete below or attach additional sheets)

A large empty rectangular box intended for drawing the shade area of the tree.

Shade area(s) of tree affected.

Scrub Oak Plot Plan
(complete below or attach additional sheets)

A rectangular diagram representing a plot plan. The top boundary is labeled "Property Line". The left and right boundaries are also labeled "Property Line". The bottom boundary is labeled "Public Sidewalk or Street Frontage". The interior of the rectangle is blank, intended for a drawing of a scrub oak tree.

Elevation View **Tree No.:** _____

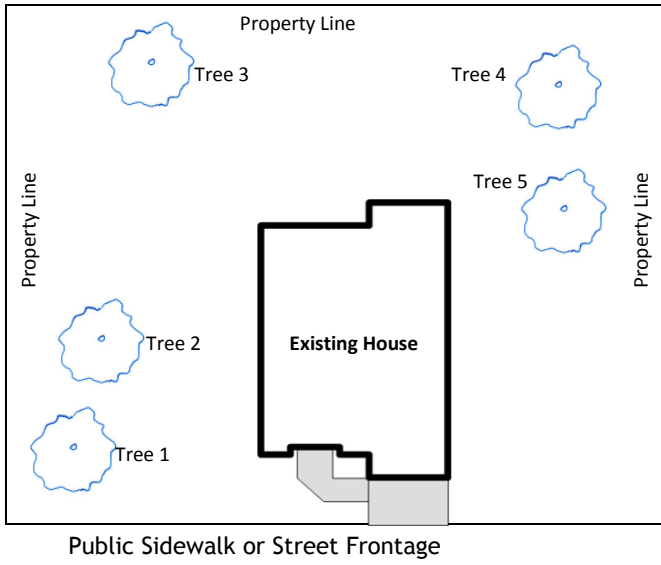
(complete below or attach additional sheets)

A large empty rectangular box intended for drawing the shade area of the tree.

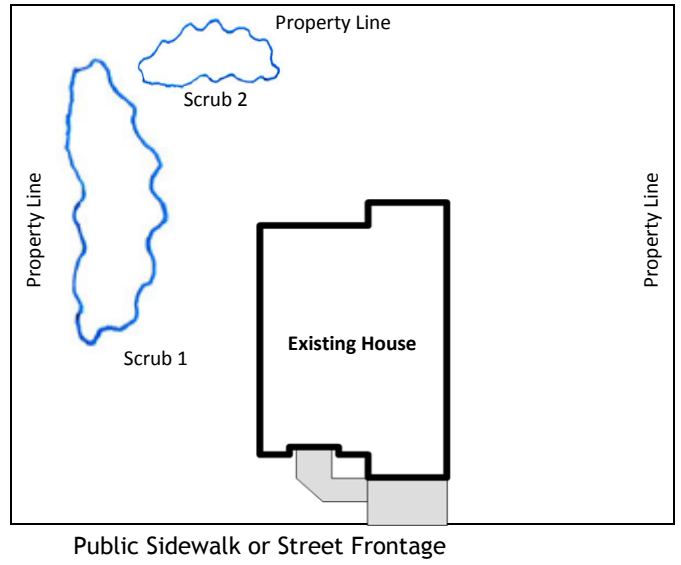
Shade area(s) of tree affected.

Plan Example:

Oak Tree Plot Plan

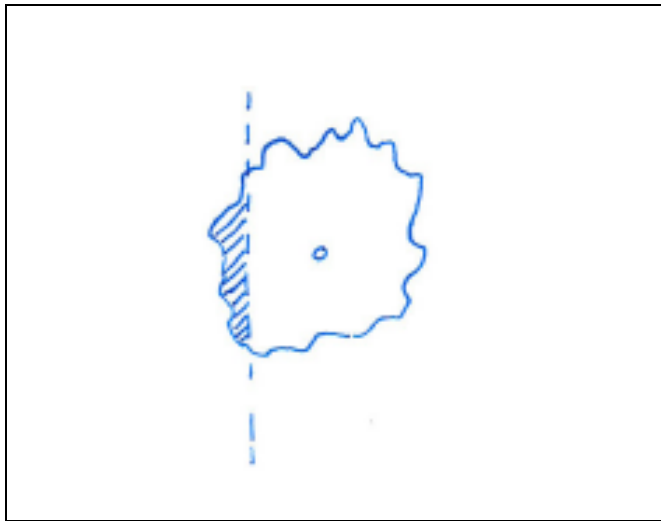


Scrub Oak Plot Plan



Plan View

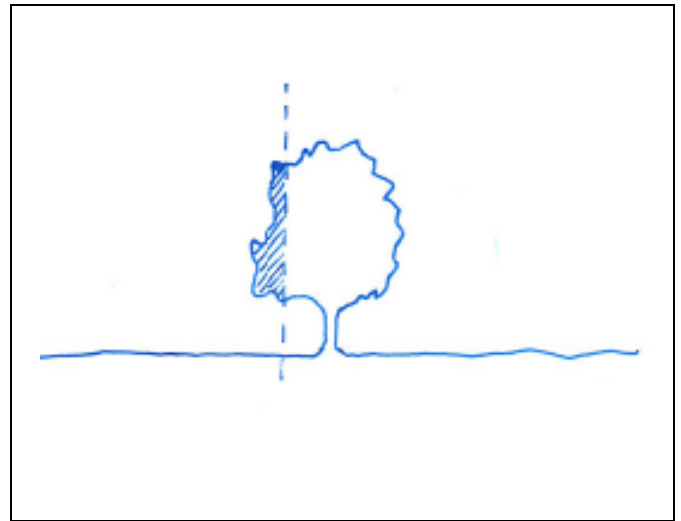
Tree No.: _____



Shade area(s) of tree affected.

Elevation View

Tree No.: _____



Shade area(s) of tree affected.



Application Filing Requirements

SUBMITTAL CHECKLIST

MINIMUM APPLICATION FILING REQUIREMENTS

This checklist will be used by staff to determine if an application contains the appropriate materials and documents to begin the application process. All items listed below must be included. If any items are not included the project will not be accepted for submittal. This checklist is not used to determine whether a project application is complete for purposes of the Permit Streamlining Act.

Oak Tree Permit:

- Completed *General Land Use and Development Application* and filing fees.
- Completed *Supplemental Application – Oak Trees*.
- Two (2) copies of an Oak Tree Location Map prepared in accordance with the City's *Oak Tree Preservation Guidelines*.
- Two (2) copies of an Oak Tree Report. The applicant shall submit an oak tree report, prepared by a city-qualified arborist prepared in accordance with the City's *Oak Tree Preservation Guidelines*.

Note: For a list of individuals/companies that are qualified to prepare an Oak Tree Report, contact the City of Calabasas Planning Division. Additional Copies of the final Oak Tree Report may be required to be submitted prior to scheduling of hearing before the Planning Commission.

- Public hearing information prepared in accordance with the *Public Notice Requirements*.
- Any other plans or information that the Community Development Director deems necessary to facilitate processing of the application.

APPLICATION REVIEW AND APPROVAL BODIES:

Community Development Director, Planning Commission or City Council (depending on nature of request)

Minor (Healthy) Oak Tree Permit:

- Completed *General Land Use and Development Application* and filing fees.
- Completed *Supplemental Application – Oak Trees*.
- Any other plans or information that the Community Development Director deems necessary to facilitate processing of the application.

APPLICATION REVIEW AND APPROVAL BODIES:

Community Development Director