ARBORIST EVALUATION FOR REMOVAL OF STREET TREE(S)
Submit this form with Tree Permit Application

COUNTY OF ALAMEDA PUBLIC WORKS AGENCY
399 Elmhurst Street, Hayward, CA 94544-1307

Property Owner Name: _______________________________ Date: ______________________

Tree Address: ______________________________________

Daytime Telephone Number: ( ) __________ Email: _________________________________

Documentation of a tree’s condition and reasons for removal must be made by a Certified Arborist hired by the property owner. In general, the County will consider removal or allow removal of a street tree if the tree is dead, dying, diseased, damaging vital infrastructure, or causing major structural damage (except when such damage can be reasonably repaired without removing the tree). The County will not allow removal of a tree solely because of leaf, flower, berry debris, or personal preference.

Tree Species: ______________________________ Diameter: _______________________

Indicate reason(s) for request (attach photographs; additional supporting documentation):

☐ Tree is dead, dying, critically diseased, or damaged beyond reasonable repair.

☐ Tree is in danger of breaking, splitting, falling, or uprooting.

☐ Tree is damaging vital infrastructure, or causing other major structural damage. Must provide written documentation from a licensed contractor indicating the tree roots are responsible for the damage.

☐ Explain: ______________________________________

________________________________________________

________________________________________________

________________________________________________

Certified Arborist Signature: ______________________ Date: ______________________

Certification #: __________________________ Phone #: ( ) ______________________

The Director of Public Works or his/her designee is authorized to approve or deny all tree removal requests. Tree removals must meet criteria in Chapter 12.11 of the County General Ordinance Code and the County Tree Ordinance.

[County Use Only]

☐ Approved ☐ Denied

Comments: ______________________________________

County Arborist __________________________ Date: ______________________

Revised 12/2018