



City of Pomona Planning Division  
**HISTORIC DISTRICTS**  
**EXEMPTION VERIFICATION FORM**  
**TREE TRIMMING OR REMOVAL**

OFFICE USE ONLY

CASE NO: \_\_\_\_\_

DATE RECEIVED: \_\_\_\_\_

RECEIVED BY: \_\_\_\_\_



**PROJECT INFORMATION**

Project Address: \_\_\_\_\_

Include the number of trees to be trimmed and/or removed and the tree species.

Description of Work: \_\_\_\_\_

**CONTACT INFORMATION**

APPLICANT	Name: _____
	Phone/Email: _____
	Address: _____
PROPERTY OWNER	Name: _____
	Phone/Email: _____
	Address: _____
CONTRACTOR /TRADESMAN	Name: _____
	Phone/Email: _____
	Address: _____
	Business License No.: _____

**SUBMITTAL REQUIREMENTS**

Please note that the City of Pomona Planning Division does ***not*** accept incomplete applications and all items indicated are due at the time of submittal.

- PLOT PLAN (2 sets)  
Plot Plan should indicate the location of all trees proposed to be trimmed.
- PROPERTY OWNER'S AFFIDAVIT
- PHOTOGRAPHS OF ALL TREES TO BE TRIMMED AND/OR REMOVED  
Photographs may be submitted as hard copies or (preferred) digital copies.

PROPERTY OWNER'S AFFIDAVIT

STATE OF CALIFORNIA )  
 )SS  
COUNTY OF LOS ANGELES)

I/WE \_\_\_\_\_ BEING DULY SWORN, DEPOSE AND SAY, THAT I/WE AM/ARE THE OWNER(S) OF PROPERTY INVOLVED IN THIS PETITION, AND THAT THE FOREGOING STATEMENTS AND ANSWERS HEREIN CONTAINED AND THE INFORMATION HEREWITH SUBMITTED, ARE IN ALL RESPECTS TRUE AND CORRECT TO THE BEST OF KNOWLEDGE AND BELIEF.

SWORN TO BEFORE ME THIS \_\_\_\_\_ SIGNED: \_\_\_\_\_

DAY OF \_\_\_\_\_, \_\_\_\_\_ . ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

NOTARY PUBLIC TELEPHONE: \_\_\_\_\_

**CITY USE ONLY**

*The project described is exempt from the Certificate of Appropriateness approval process because it falls under the category checked below:*

- A. *Trimming of tree(s) that could threaten life, property, or the provision of essential services such as electrical power or communications.*
- B. *Removal of a tree(s) that could threaten life, property, or the provision of essential services such as electrical power or communications.*
- C. *Trimming of a tree(s) that blocks visibility.*
- D. *Removal of any dead or dying tree(s), identified as such by an IDA arborist.*
- E. *Removal of a tree(s) that blocks visibility and cannot be trimmed to allow clear sight lines.*

\_\_\_\_\_  
*City Arborist Review*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Building Official Review (If applicable)*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Planning Manager*

\_\_\_\_\_  
*Date*

*Expiration Date: \_\_\_\_\_ (30 days from project approval date unless otherwise specified)*

*I understand that all trimming authorized by this permit shall be completed under the direction of a certified arborist in a manner that is consistent with the adopted trimming policies outlined in the City of Pomona Street Tree Policy Manual and ISA (International Society of Arboriculture) standards. I also understand that I am responsible for contacting the Planning Division within seventy (72) hours of completion of the trimming to request a post-trimming inspection by the City Arborist.*

*Approved work is specifically limited to the project description on this signed form. Applicant shall keep a copy of this signed form on site and be able to produce it upon the request of any City official.*

\_\_\_\_\_  
*Post Trimming Inspection Approved by*

\_\_\_\_\_  
*Date*