

City of Pomona
505 S. Garey Avenue
Pomona, CA 91766

EXEMPTION VERIFICATION FORM FOR TREE TRIMMING OR REMOVAL IN HISTORIC DISTRICTS

1. Site Address: _____

2. Applicant Name: _____

Applicant Address: _____

Applicant Telephone Number: _____ E-mail: _____

3. Contractor Name: _____

Contractor Address _____

Contractor Telephone Number: _____ Business License #: _____

Contractor E-mail: _____

4. Project Description:

FOR 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 a 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 ISA 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 (when necessary)

Date

Development Services Manager Approval _____

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 _____