



Permit No. _____

No Fee

Invasive Tree Species Removal Application

Property Owner: _____ Phone: _____

Address of Tree Removal: _____

Email: _____

1. Species, Quantity, and Size of Invasive Tree(s) to be Removed:

<input checked="" type="checkbox"/>	Common Name	Species Name	Quantity	Size*
<input type="checkbox"/>	Norway maple	<i>Acer platanoides</i>		
<input type="checkbox"/>	sycamore maple	<i>Acer pseudoplatanus</i>		
<input type="checkbox"/>	tree-of-heaven	<i>Ailanthus altissima</i>		
<input type="checkbox"/>	European white birch	<i>Betula pendula</i>		
<input type="checkbox"/>	English hawthorn	<i>Crataegus monogyna</i>		
<input type="checkbox"/>	English holly	<i>Ilex aquifolium</i>		
<input type="checkbox"/>	princess tree	<i>Paulownia omentosa</i>		
<input type="checkbox"/>	white poplar	<i>Populus alba</i>		
<input type="checkbox"/>	sweet cherry	<i>Prunus avium</i>		
<input type="checkbox"/>	black locust	<i>Robinia pseudoacacia</i>		
<input type="checkbox"/>	European mountain ash	<i>Sorbus aucuparia</i>		
<input type="checkbox"/>	Siberian elm	<i>Ulmus pumila</i>		

*Trunk diameter measured in inches at 4.5-feet above ground level.

2. Are any of the trees located in public rights-of-way or a Resource Conservation or Protection District? Or, were any of the trees planted as part of an approved landscaping or mitigation plan? No Yes, quantity _____

3. Attach a site plan or aerial image of the property depicting the approximate location and species of each tree to be removed and proposed mitigation (if applicable).

4. Attach photographs of the tree(s) clearly identifying each species of tree to be removed. Take a picture of the entire tree as well as close ups of the leaves, bark or other identifying features per the Invasive Species Guide.

5. The complete application may be submitted for review to: trees@lakeoswego.city

I agree to comply with Lake Oswego Code, Chapter 55, regarding tree removal. I grant permission to the City of Lake Oswego for employees to enter the above property to verify the species and locations of trees requested for removal if needed, and to inspect mitigation if required. Right of entry expires with the issuance of the permit or when mitigation is inspected and approved.

Signature of Property Owner (required)

City use only:

Intake Staff _____ Date _____ Site Visit by _____ on _____ Verified: No ___ Yes ___

Mitigation Required: No ___ Yes ___ Conditions of Approval:

Staff Comments: _____ Mitigation _____