



Community Development Department

315 Kennel Ave/PO Box 248

Molalla, OR 97038

Phone 503.759.0205

www.cityofmolalla.com

TREE REMOVAL PERMIT

See the City's fee schedule for permit prices. Fill out completely.

Applicant information

Name: _____ Phone: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Owner Information (if different)

Name: _____ Phone: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Property Information

Site address: _____

Site zoned as: Residential Commercial Industrial

If located in a commercial or industrial zone a certified arborist report is required for hazardous trees – attach to application.

Dates of work removal: _____

Description of work to be performed (**attach a drawing**):

Is a traffic control plan required? NO YES – attach plan

How many trees are you removing/Type of trees being removed/Reason for removal:

#:	Type:	Reason:
_____	_____	_____
_____	_____	_____
_____	_____	_____

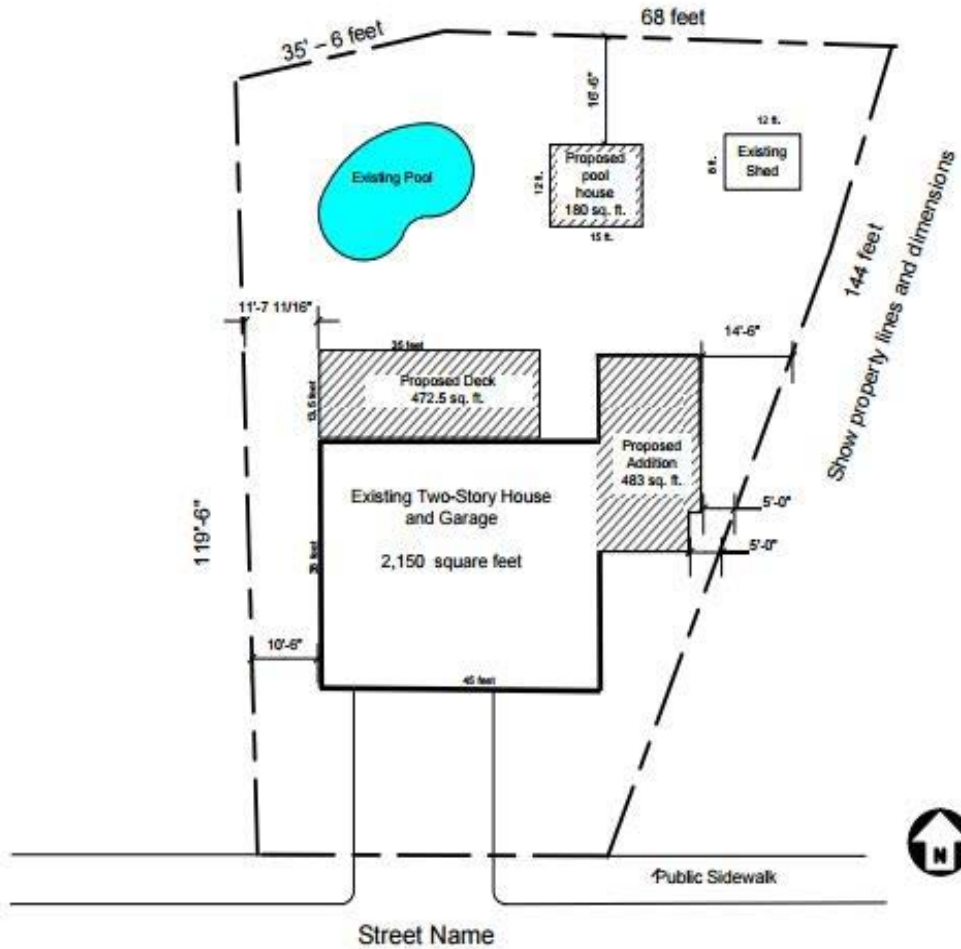
Replacement plan:

Applicant Signature: _____ Date: _____

Owner Signature(s): _____ Date: _____

Permit approved by: _____ **Date:** _____

Site Plan Example



This sample site plan does not include every element required in the Site Plan Checklist but is an example of an acceptable format to use. This may be hand drawn or computer generated.

PLOT PLAN

Notes: _____

