

TREE REMOVAL PERMIT APPLICATION

PLEASE NOTE: This application is not to be considered complete until all documents are received and approved by the Planning & Zoning Administrator.

| | |
|---|---|
| Project/Property Address or Location: | Project Name/Business Name (if applicable): |
| Parcel ID No.(s): | Current Zoning: |
| APPLICANT Name (primary contact) -do <u>not</u> use a business name: | Applicant Address: |
| Applicant E-mail: | Applicant Phone No.: |
| BUSINESS Name (if applicable): | |
| ATTORNEY/AGENT Name: | Attorney/Agent Address: |
| Attorney/Agent E-Mail: | Attorney/Agent Phone No.: |
| ADDITIONAL CONTACTS (please list all applicable contacts) | |
| Name(s): | Contact Information (phone no./email): |
| Contractor | |
| Developer | |
| Architect | |
| PROPERTY OWNER Name: (if different from Applicant) | Property Owner Contact Information (phone no./email): |

APPLICANT SIGNATURE BELOW CONFIRMS THE SUBMISSION REQUIREMENTS HAVE BEEN COMPLETED (see page 2)

I certify that the information on this application is complete and accurate to the best of my knowledge, and that the project as described, if approved, will be completed in accordance with the conditions and terms of that approval.

Applicant Signature: _____ Date: _____

THIS FORM IS AVAILABLE TO BE SUBMITTED ONLINE: www.gahanna.gov

INTERNAL USE

Zoning File No. _____

RECEIVED: _____
DATE: _____

PAID: _____
DATE: _____
CHECK#: _____

TREE REMOVAL PERMIT APPLICATION – SUBMISSION REQUIREMENTS

PLEASE NOTE: This application is not to be considered complete until all documents are received and approved by the Planning & Zoning Administrator.

| STAFF USE - INTAKE | TO BE COMPLETED/SUBMITTED BY THE APPLICANT: | APPLICANT | | STAFF USE | |
|---|--|-----------|-----|-----------|-----|
| | | YES | N/A | YES | N/A |
| | 1. Review Gahanna Code Section 913 and Section 914 (visit www.municode.com) | | | | |
| | 2. Tree Survey – signed by a landscape architect or certified arborist – 11"x17" copy | | | | |
| | 3. Tree Preservation Plan with elements described in Gahanna Code Section 914.06 – 11"x17" copy | | | | |
| | 4. A list of trees being removed including reasons for removal | | | | |
| | 5. Application fee (in accordance with the Building & Zoning Fee Schedule) | | | | |
| | 6. Application & all supporting documents submitted in digital format | | | | |
| | 7. Application & all supporting documents submitted in hardcopy format | | | | |
| | 8. Authorization Consent Form Complete & Notarized (see page 3) | | | | |
| ADDITIONAL SUBMISSION REQUIREMENTS FOR REMOVAL OF MORE THAN 25% OF PROTECTED TREES | | | | | |
| | 9. Species type and size to be removed | | | | |
| | 10. Condition of tree(s) to be removed | | | | |
| | 11. Whether the tree(s) pose a safety hazard | | | | |
| | 12. Economic viability of site without tree removal | | | | |

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APPLICATION ACCEPTANCE

INTERNAL USE

This application has been reviewed and is considered complete and is hereby accepted by the Zoning Division of the City of Gahanna and shall be forwarded to Administration for consideration.

Planning & Zoning Administrator Signature: _____ Date: _____

AUTHORIZATION CONSENT FORM

(must sign in the presence of a notary)

If you are filling out more than one application for the same project & address, you may submit a copy of this form with additional applications.

AUTHORIZATION FOR OWNER’S APPLICANT OR REPRESENTATIVE(S) *If the applicant is not the property owner, this section must be completed & notarized.*

I, _____, the owner or authorized owner’s representative of the subject property listed on this application, hereby authorize _____ to act as my applicant or representative(s) in all matters pertaining to the processing and approval of this application, including modifying the project. I agree to be bound by all terms and agreements made by the designated representative.

Property Owner Signature: _____ Date: _____

AUTHORIZATION TO VISIT THE PROPERTY

I, _____, the owner or authorized owner’s representative of the subject property listed on this application, hereby authorize City representatives to visit, photograph and post notice *(if applicable)* on the property as described in this application.

Property Owner Signature: _____ Date: _____

| | | |
|---------------|--|---------------|
| NOTARY | Subscribed and sworn to before me on this ____ day of _____, 20____. | |
| | State of _____ County of _____ | |
| | Notary Public Signature: _____ | Stamp or Seal |

AGREEMENT TO COMPLY AS APPROVED

I, _____, the applicant of the subject property listed on this application, hereby agree that the project will be completed as approved and any proposed changes to the approved plans shall be submitted for review and approval to the Zoning Division staff.

Applicant Signature: _____ Date: _____

| | | |
|---------------|--|---------------|
| NOTARY | Subscribed and sworn to before me on this ____ day of _____, 20____. | |
| | State of _____ County of _____ | |
| | Notary Public Signature: _____ | Stamp or Seal |

NO TREE MAY BE REMOVED PRIOR TO OBTAINING APPROVAL FROM THE CITY

INTERNAL USE

TREE REMOVAL PERMIT APPROVAL

In accordance with Section 913 and 914 of the Codified Ordinances of the City of Gahanna, Ohio, I hereby certify that the project, as submitted on the application, was approved by Administration on _____. The applicant shall comply with any conditions approved and shall comply with all building, zoning and landscaping regulations of the City of Gahanna. **THIS PERMIT IS VALID FOR 180 DAYS AFTER APPROVAL.**

Site Location/Address: _____ Permit No. _____

APPROVED

Planning & Zoning Administrator Signature: _____ Date: _____

City Arborist Signature: _____ Date: _____

ADDITIONAL APPROVAL FOR REMOVAL OF MORE THAN 25% OF PROTECTED TREES

Director of Planning & Development Signature: _____ Date: _____

Director of Parks & Recreation Signature: _____ Date: _____

Director of Public Service & Engineering Signature: _____ Date: _____

APPROVAL CONDITIONS: _____

The applicant must contact the City of Gahanna, Zoning Division (614.342.4025) to schedule a removal inspection upon completion of removal.

INSPECTION

Date requested: _____ Date performed: _____

Results: _____

Inspector Title/Signature: _____