

## TREE REMOVAL PERMIT APPLICATION

PROPERTY INFORMATION		
Project/Property Address:	Project Name/Business Name:	
Parcel #:	Zoning: <i>(see <a href="#">Map</a>)</i>	Acreage:

PROJECT SPECIFICATIONS	
Description of Tree Removal:	# of Trees to be Removed:

APPLICANT INFORMATION	
Applicant Name <i>(Primary Contact):</i>	Applicant Address:
Applicant E-mail:	Applicant Phone:
Business Name <i>(if applicable):</i>	

ADDITIONAL CONTACTS	
*Please list all applicable contacts for correspondence*	
<b>Name(s)</b>	<b>Contact Information (phone/email)</b>
Property Owner Name: <i>(if different from Applicant)</i>	Property Owner Contact Information (phone no./email):

**APPLICANT SIGNATURE BELOW CONFIRMS THE SUBMISSION REQUIREMENTS HAVE BEEN COMPLETED**

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: \_\_\_\_\_

**ADDITIONAL INFORMATION ON NEXT PAGE....**

**INTERNAL  
USE**

Zoning File No. _____
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RECEIVED: _____
DATE: _____

PAID: _____
DATE: _____

**Updated  
Jan 2022**

## TREE REMOVAL PERMIT APPLICATION - SUBMISSION REQUIREMENTS

TO BE COMPLETED/SUBMITTED BY THE APPLICANT:
1. Review Gahanna Code <a href="#">Section 913 and 914</a> (visit <a href="http://www.municode.com">www.municode.com</a> )
2. Tree Survey – signed by a landscape architect or certified arborist
3. Tree Preservation Plan with elements described in Gahanna Code <a href="#">Section 914.06</a>
4. A list of trees being removed including reasons for removal
5. Application fee (in accordance with the <a href="#">Building &amp; Zoning Fee Schedule</a> )
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

### PLEASE NOTE:

The application expires if no action is taken 6 months from the date of the last staff comment letter.

## 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 \_\_\_\_\_

Stamp or Seal

Notary Public Signature: \_\_\_\_\_

### 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 \_\_\_\_\_

Stamp or Seal

Notary Public Signature: \_\_\_\_\_



DEPARTMENT OF PLANNING

**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: \_\_\_\_\_