

Permit Fee \$25 Date Paid_____

Planning Division
Type A Tree Removal Permit Application



29799 SW Town Center Loop East
Wilsonville, OR 97070
Phone: 503.682.4960
Fax: 503.682.7025
Web: www.ci.wilsonville.or.us



Planning Division Approval Stamp

City Case File: _____

Property Owner's Signature: _____ Date: _____

Property Owner's Printed Name: _____

Property Address (if no address, tax lot ID): _____

Property Owner's Mailing Address (if different than Property Address): _____

Phone Number _____ Email _____

Brief explanation of why tree removal is necessary:

Brief description of trees proposed for removal

include if known: common name, health and condition, approx. height, d.b.h (trunk diameter 4 1/2' above ground):

Name and phone number of person/company performing removal (if known):

Any additional supporting information:

Sketch of tree location on property:
or attach site plan/aerial photo with tree called out

Staff comments:

Staff checklist:

Trees in SROZ (Significant Resource Overlay Zone) Yes No

Willamette River Greenway: Yes No

Heritage Tree: Yes No

Trees in public right-of-way: Yes No

Trees preserved as condition of development? Yes No

Tree fund replanting assistance? Yes No