



**PUBLIC WORKS DEPARTMENT  
PARK DIVISION**

411 Main St., 3<sup>rd</sup> Fl.  
P.O. Box 3420  
Chico, CA 95927-3420

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(530) 895-4825 **Fax**  
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**CITY OF CHICO**

**APPLICATION REQUESTING PERMISSION  
TO PLANT, REMOVE, ALTER, OR DISTURB PUBLIC TREES**

Property Owner _____	Representative _____
Property Owner Address including zip code _____	Representative Address _____
Owner's Phone Number _____	Representative's Phone Number _____
Owner's Email Address _____	Representative's Email Address _____

**REQUEST TO:** \_\_\_\_\_ Plant \_\_\_\_\_ Remove \_\_\_\_\_ Alter \_\_\_\_\_ Disturb

Address where tree(s) are located: \_\_\_\_\_

Number of Tree(s): \_\_\_\_\_

Diameter of Tree(s) _____	Species of tree(s): (Use additional paper if necessary)
_____	_____
_____	_____
_____	_____

**Reason for request:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Enclose a map showing the exact location of the tree(s) and any proposed improvements along with any other documents which will help explain your request)

**ONLY QUALIFIED TREE SERVICES MAY PERFORM WORK ON CITY TREES**

Tree Service Performing Work _____	Phone # _____
Chico Business License # _____	California Contractor's License # _____
Certified Arborist # _____	<b>Attach Copy of Certificate of Liability Insurance/Homeowner's Ins</b>

_____ Date	_____ Signature of Property Owner or Authorized Representative
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