



**PUBLIC WORKS DEPARTMENT**  
**STREET TREES DIVISION**

965 Fir Street  
Chico, CA 95927-3420

(530) 896-7800  
Email: [streettrees@chicoca.gov](mailto:streettrees@chicoca.gov)  
Website: [www.chico.ca.us](http://www.chico.ca.us)

**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 Phone Number - \_\_\_\_\_

Owner's Email Address - \_\_\_\_\_

Representative's Email Address - \_\_\_\_\_

**Request to:** \_\_\_\_\_ Plant \_\_\_\_\_ Remove \_\_\_\_\_ Alter \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

**ONLY TREE SERVICES APPROVED BY THE CITY MAY PERFORM WORK ON CITY TREES**

Tree Service Performing Work \_\_\_\_\_ Phone # \_\_\_\_\_

Chico Business License # \_\_\_\_\_ California Contractor's License # \_\_\_\_\_

Certified Arborist # \_\_\_\_\_

X \_\_\_\_\_  
Date of Application

X \_\_\_\_\_  
Signature of Property Owner or Authorized Representative

\*\*Please submit completed application to [streettrees@chicoca.gov](mailto:streettrees@chicoca.gov), deliver in person to address above or mail to PO Box 3420,  
Chico CA 95927