

CITY OF BELLEVUE – TREE COMMISSION APPLICATION

The application will not be accepted unless the following information is completed in full.

PROPERTY OWNER: _____ PHONE: _____
PROPERTY ADDRESS: _____
MAILING ADDRESS: _____
APPLICANT SIGNATURE: _____ DATE: _____
PHONE: _____

I. SPECIFICATIONS

No trees will be planted between the dates of May 15 – September 15.
Minimum planting area is 3 ft. by 3 ft. with larger trees requiring more space at the discretion of the City.
See Bellevue’s list of acceptable trees at **Bellevueky.org**.

With your application please submit photos of the tree and/or space that is being requested to have altered to:

Pierce.Turner@bellevueky.org

II. REQUEST FOR TREE TRIMMING OR PRUNING IN THE CITY RIGHT-OF-WAY

REQUESTED TREE LOCATION: _____
TREE TRIMMING CONTRACTOR: _____
OCCUPATIONAL LICENSE #: _____

REASON(S) FOR REQUEST (check all that apply):

- _____ Dead or decayed branches
- _____ Interference with street, sidewalk, sight lines, overhead utilities, house or similar structures

III. REQUEST TO PLANT TREE IN THE PUBLIC RIGHT-OF-WAY

Are you willing to pay for the tree and/or planting? (Specify) _____

REQUESTED TREE LOCATION: _____
REQUESTED TREE SPECIES (See List): _____

ARE THERE UTILITY LINES ABOVE THE REQUESTED LOCATION? Y or N

REASON(S) FOR REQUEST:

1. Is there a need for urban forestation at this location? Explain (attach additional sheet if necessary)

2. Is there adequate planting space? Y or N
3. Would the tree or its roots interfere with overhead or underground utilities? Y or N
4. Would the tree or its roots cause damage to the street or sidewalk? Y or N

IV. REQUEST TO REMOVE TREE IN THE PUBLIC RIGHT-OF-WAY

Are you willing to pay for the tree removal? Y or N

TREE LOCATION: _____

TREE SPECIES: _____

TREE TRUNK DIAMETER AT BREAST HEIGHT (CALIPER): _____ (inches)

TREE REMOVAL CONTRACTOR: _____

OCCUPATIONAL LICENSE #: _____

COSTS OF REMOVAL INCLUDING STUMP AND HAUL AWAY(\$): _____

REASON(S) FOR REQUEST (check all that apply):

_____ Dead or in advanced stage of decline _____ Tree leaning or blocking sight lines

_____ Structurally unsound (splitting, boring activity, decay) _____ Tree growing into utility lines

_____ Diseased _____ Undesirable tree species

_____ Exposed roots causing public hazard _____ Tree species known to cause

infrastructure damage _____ Causing damage to sidewalk, street, or sewers _____ Tree

species not on recommended list

_____ Potential for tree damage from public improvement _____ Tree less than 15' in height, loose and not performing

PLEASE EXPLAIN YOUR REQUEST IN DETAIL (attach additional sheet if necessary):

V. REQUEST FOR SUBDIVISION OR DEVELOPMENT PLAN (attach tree inventory, removal and planting plan)

TOTAL NUMBER OF EXISTING TREES LOCATED ON DEVELOPMENT

SITE: _____

NUMBER OF TREES LOCATED IN BUILDABLE

AREAS: _____

NUMBER OF TREES PROPOSED TO BE PLANTED OR

REPLACED: _____

NUMBER OF TREES LEFT OVER TO BE DONATED TO

CITY: _____

DO NOT WRITE BELOW THIS LINE [OFFICE USE]

APPLICATION #: _____ HEARING DATE: _____

TREE COMMISSION CHAIRPERSON:

TREE COMMISSION MEMBER (ATTEST):

CITY STAFF:

CONDITION LETTER ATTACHED? Y or N