

**NEVADA COUNTY COMMUNITY DEVELOPMENT AGENCY
PLANNING DEPARTMENT
ERIC ROOD ADMINISTRATION BUILDING
950 Maidu Avenue, Suite 170
Nevada City, California 95959-8617
Phone: (530) 265-1222 FAX: (530) 265-9851**

**APPLICATION PACKET for
AN ADMINISTRATIVE DEVELOPMENT PERMIT
for TREE REMOVAL WITHIN THE NEVADA CITY SPHERE OF INFLUENCE**

In order to prevent indiscriminate or unnecessary commercial tree removal or destruction within the Sphere of Influence of Nevada City, Sec. L-II 3.25 of the County Land Use and Development Code, provides that:

No person, firm or corporation shall remove or cause to be removed any tree located outside a Timberland Preserve Zone (TPZ), and within the Nevada City Sphere of Influence as adopted by the Local Agency Formation Commission, without first obtaining a tree removal permit from the County Planning Director, except that no permit is required for the removal of trees:

1. Identified for removal as part of a Use Permit, Development Permit or Subdivision;
2. Located on developed residentially-zoned property;
3. Identified by a licensed forester as being in a hazardous condition presenting an immediate danger to health and property;
4. Having trunks measuring less than 10" in diameter, measured 4½' above grade and where less than 20% of the trees over 8" in diameter are proposed to be removed every 5 years;
5. Located on parcels aggregating 3-acres or more in size, subject to pre-emptive State regulations identified for commercial tree removal pursuant to an approved Timber Harvest Plan;
6. Located within a public or public utility right-of-way when such trees are to be removed by a public agency or public utility.

Trees may be removed only when:

1. Dead or diseased beyond reclamation.
2. Crowded beyond good forestry practices.
3. Interfering with existing utilities or structures.
4. Obstructing existing or proposed improvement that cannot be designed to avoid tree removal.
5. Inhibiting sunlight necessary for solar access.

This packet contains filing forms and instructions for submitting a complete application for a Tree Removal Permit. All required information and supplemental documents must be submitted or an application will not be accepted. Applications must be filed in person in the Planning Department before 4:30 p.m., Monday through Friday. If no unusual issues arise that require additional time to review your request, your project should be approved 30 days after filing the application.

**SUBMITTING A COMPLETE AND ACCURATE APPLICATION AND SITE PLAN WILL
HELP TO MAINTAIN YOUR DESIRED HEARING SCHEDULE.**

NEVADA COUNTY PLANNING DEPARTMENT

TREE REMOVAL PERMIT

Please print or type in black ink

Assessor's Parcel No(s) on which trees to be removed are located:

Site address(es): _____ Acreage: _____

Applicant Name(s): _____

Applicant Mailing Address: _____

Telephone #: () _____ E-Mail: _____ FAX#: _____

Property Owners Full Names: _____

Property Owner Mailing Address: _____

Telephone #: () _____ E-Mail: _____ FAX#: _____

Name of Representative (if applicable): _____

Address of Representative: _____

Telephone #: () _____ E-Mail: _____ FAX#: _____

Water Source: _____ Method of Sewage Disposal: _____

I hereby acknowledge that I have read the instructions for filing this application and state under penalty of perjury that the information provided on all attached documents is correct.

Signature of () Property Owner(s) or () Authorized Representative*

Date: _____

Date: _____

*Representative may sign application if a Letter of Authorization from the owner(s) is provided.

TREE REMOVAL PERMIT
FILING INSTRUCTIONS & CHECKLIST

This form must be filed with your application. Please check off (✓) each item to verify that the required information is attached. Your application will not be accepted if any required item is missing.

- () 1. The signed and completed Application form, including a letter of authorization from the property owner(s) if forms are signed by a Representative.
- () 2. Filing fees pursuant to the most recently adopted Resolution of the Board of Supervisors.
- () 4. One copy of the property Grant Deed, verifying ownership and the legal description of the parcels on which affected trees are located.
- () 5. An inventory of on-site trees, including the percentage of trees over 10” in diameter to be removed, and the size, species and condition of each tree to be removed.
- () 6. A Statement of fact stating the purpose of the removal.
- () 7. The completed, attached Tree Removal Permit Information Form.

TREE REMOVAL PERMIT INFORMATION FORM

If necessary, attach a separate page to adequately identify all required information.

- 1. Total # of trees on site to be removed: _____
- 2. Percentage of trees over 10" in diameter (4½' above grade): _____
- 3. Is a Timber Harvest Plan required by CDF? _____
If yes, have you filed it? _____ Date: _____

Has it been approved? ___ (yes) ___ (no)

Permit #: _____

- 4. How trees will be flagged for identification:

- 5. Tree inventory::

# & Names of trees to be removed (common name & species)	Size (above grade)	Condition (dead, diseased, etc.)	Size & Species of Proposed Replacement Trees
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- 6. Describe safety measures to be implemented during tree removal process:



**COUNTY OF NEVADA
COMMUNITY DEVELOPMENT AGENCY**

950 MAIDU AVENUE, SUITE 170, NEVADA CITY, CA 95959-8617
(530) 265-1222 FAX (530) 265-9854 <http://mynevadacounty.com>

Agricultural Commissioner

Building Department

Environmental Health

Planning Department

Dept. of Public Works

AGREEMENT TO PAY FORM

Nevada County Community Development Agency fees are based on Board of Supervisor approved fee schedules. Hourly fees and fees for services in excess of a minimum fee collected, including re-inspections, are billed to the applicant based on the Board approved fee schedule in effect at the time the work is performed by staff. This *Agreement To Pay Form* must be signed and original signatures submitted to the NCCDA along with the completed permit forms and the initial payment of fees. Copies of current fee schedules are available from our Customer Service Staff or on the web at <http://www.mynevadacounty.com>

I/We understand that the NCCDA will bill as services are rendered, and I/We agree to pay such billing within thirty (30) days of the mailing of such billing for the project/permit. If payments on outstanding invoices are not made within thirty (30) days after the date of the invoice, County staff may cease work on the project until the required payment is made, subject to any other provision of the law. All fees must be paid prior to the granting of any permits, approvals, or any land use entitlement for which services are required. The collection of fees, however, does not guarantee the granting of any permits, approvals, or land use entitlements for which I/We are applying.

Site Information:

Invoices and/or notices to be mailed to:

APN: _____	Name: _____
Property Owner/Business Name (if applicable): _____	Address: _____
Address: _____	Telephone: _____
Email: _____	Email: _____

I would like to opt out of receiving County emails related to this project.

NCCDA Staff is authorized to consult with necessary governmental agencies and the following individuals concerning this project: _____

I certify under proof of perjury that I am the property owner or that I am authorized to enter into this fee agreement on his/her behalf. I have read the conditions concerning Nevada County Community Development Agency Fees and I understand that in the event that the billing party I have indicated does not pay required fees, I will be responsible for payment. I further agree to advise the department in writing should I no longer be associated with the above referenced project/property, rendering this agreement invalid as of the change of the date that the letter is received by the Nevada County Community Development Agency.

Signature

Printed Name

Dated: _____ CDL# _____
Tel #: _____

THIS SECTION FOR OFFICE USE ONLY

Service: _____	Program: _____	Job No: _____
DPW #: _____	Project File #: _____	Billing Code: _____
Amount Collected: \$ _____	Receipt #: _____	Date of Receipt: _____
Service: _____	Program: _____	Job No: _____
DPW #: _____	Project File #: _____	Billing Code: _____
Amount Collected: \$ _____	Receipt #: _____	Date of Receipt: _____