

**TOWN OF BEAUX ARTS VILLAGE  
BUILDING DEPARTMENT**



10550 SE 27th Street  
Beaux Arts, WA 98004  
425.269.6985 Fax 425.688.1786  
email: [bldgdept@beauxarts-wa.gov](mailto:bldgdept@beauxarts-wa.gov)

**FOR INSPECTIONS CALL:**  
Tree Solutions, 206-528-4670

The correct number of permit application documents pertinent to this project have been included in this submittal  
  
x \_\_\_\_\_  
(Applicant Initials)

**REMOVAL OF TREES  
IN RIGHT-OF-WAY  
PROHIBITED**

**PERMIT NO. TR**

ACCEPTED \_\_\_\_\_ DATE \_\_\_\_\_  
APPROVED \_\_\_\_\_ DATE \_\_\_\_\_  
ISSUED \_\_\_\_\_ DATE \_\_\_\_\_  
BLDG PERMIT NO. \_\_\_\_\_ DATE \_\_\_\_\_

**APPLICATION FOR TREE-REMOVAL PERMIT**

PROPERTY ADDRESS \_\_\_\_\_ ZONING \_\_\_\_\_  
PROPERTY OWNER \_\_\_\_\_ PHONE \_\_\_\_\_  
ADDRESS \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
OWNER'S AGENT \_\_\_\_\_ PHONE \_\_\_\_\_  
ADDRESS \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
ARCH./DESIGNER \_\_\_\_\_ PHONE \_\_\_\_\_  
ADDRESS \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
CONTRACTOR NAME \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
ADDRESS \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
LICENSE NO. \_\_\_\_\_ EXPIRES \_\_\_\_\_ TAX NO. \_\_\_\_\_  
PROPERTY LEGAL DESCRIPTION \_\_\_\_\_

ASSESSOR'S PARCEL NO. \_\_\_\_\_ - \_\_\_\_\_  
(Attach separate legal description, if necessary)

TREE REMOVAL TYPE	TREE SIZE	TREE TYPE AND UNITS
<input type="checkbox"/> HAZARDOUS TREE	<input type="checkbox"/> LANDMARK	<input type="checkbox"/> CONIFEROUS
<input type="checkbox"/> "20% RULE" REMOVAL	<input type="checkbox"/> SIGNIFICANT	<input type="checkbox"/> EVERGREEN
<input type="checkbox"/> OTHER: Specify _____	<input type="checkbox"/> MATURE	<input type="checkbox"/> MADRONE
		<input type="checkbox"/> OAK
		<input type="checkbox"/> BIG LEAF MAPLE
		<input type="checkbox"/> OTHER: Specify _____
		<input type="checkbox"/> _____

IS WORK WITHIN 200 FEET OF LAKE WASHINGTON ORDINARY HIGH WATER LINE?  YES  NO

**I certify under penalty of perjury that I am the owner of the above described property or the duly authorized agent of the owner(s) acting on behalf of the owner(s) and that all information furnished in support of this permit application is true and correct. I further certify that all applicable Federal, state, county, and Town of Beaux Arts Village requirements for the work authorized by this permit will be met.**

SIGNATURE \_\_\_\_\_ OWNER  AGENT  DATE \_\_\_\_\_

This section to be completed by Town staff:  
MITIGATION REQ'D? (describe briefly or attach separate sheets) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
  
RECEIPT NO. \_\_\_\_\_ PERMIT FEE \$ 50.00  
TOTAL DUE AT ISSUE \_\_\_\_\_