

**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

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) _____

ARBORIST REVIEW FEE \$ _____
PERMIT FEE \$ _____
RECEIPT NO. _____ TOTAL DUE AT ISSUE _____