

Received By

## PLANNING & ZONING TREE APPLICATION

30x 397 Telluride, CO 81435 Contact: Anna Claire Davis (970) 728-2170 adavis@telluride-co.gov

PROJECT & APPLICANT		
Applicant Name	Applicant Address	
Applicant Phone	Applicant Email	
Property Owner (if different)	Owner's Email	
Tree Removal Company	Tree Co. Contact Name	
Tree Co. Contact Phone	Tree Co. Contact Email	
Tree Site Legal: Blk Lot Sec	Zone District Treatment Area	
TREE & SITE CONCERNS		
Are you proposing to cut, relocate or remove trees?	How many trees total?	
Provide a brief narrative of the health or hazard con	cerns for the trees, if any exist.	
* NOTE: It is recommended that a Qualified Arborist weigh in on the	health or hazardous nature of the subject trees, per LUC Section 3-505.B.1.G.	
Application	Payment (\$100 application + possible required mitigation)	
Proof of Ownership (deed, title or other)	Proposal (site plan with tree type, size & location identified)	
Proof of Agency & Business License #	HOA Consent (if applicable)	
* NOTE: Proposal should include pictures of subject trees when possi	ible.	
APPLICANT AGREEMENT		
Application fees are non-refundable. Incomplete applications will be	e returned to the applicant.	
(b) attach all required docur (c) include all appropriate fo	ity to: (a) submit a complete application for each tree mitigation review (b) attach all required documents (c) include all appropriate fees (d) gather all appropriate approvals from the property owner and/or the HOA	
	ns 3-505 for compliance requirements. If you are not able to submit a complete lanner. Your signature below indicates that you have read and are familiar with	
APPLICANT SIGNATURE	DATE	
STAFF USE ONLY		

CHK#

Fee Collected

Date