



Date: _____

AGOURA HILLS

Department of Planning and Community Development

30001 Ladyface Court, Agoura Hills, CA 91301 Phone (818) 597-7309 / Fax (818) 597-7352 www.ci.agoura-hills.ca.us

OAK TREE PERMIT APPLICATION

Oak Tree Permit No.:	Property Address /A.P.N.:
Property Owner's Name (<i>Print</i>):	Applicant's Name:
Property Owner's Address:	Applicant's Address:
Property Owner's Telephone/Cell Phone No.:	Applicant's Telephone/Cell Phone No.:
Property Owner's Email Address:	Applicant's Email Address:

Description of Request: _____

_____ Land Use: _____

JUSTIFICATION STATEMENT

All applications for an Oak Tree Permit require a written statement by the applicant substantiating the justification for planned actions involving protected trees. The decision of the Director of Planning and Community Development will be based on the applicant's ability to make the findings required by the City Oak Tree Ordinance and the City Tree Preservation Guidelines. Please use the space below for the justification statement. Attach additional pages if necessary:

X _____
Applicant Signature

Date: _____

