

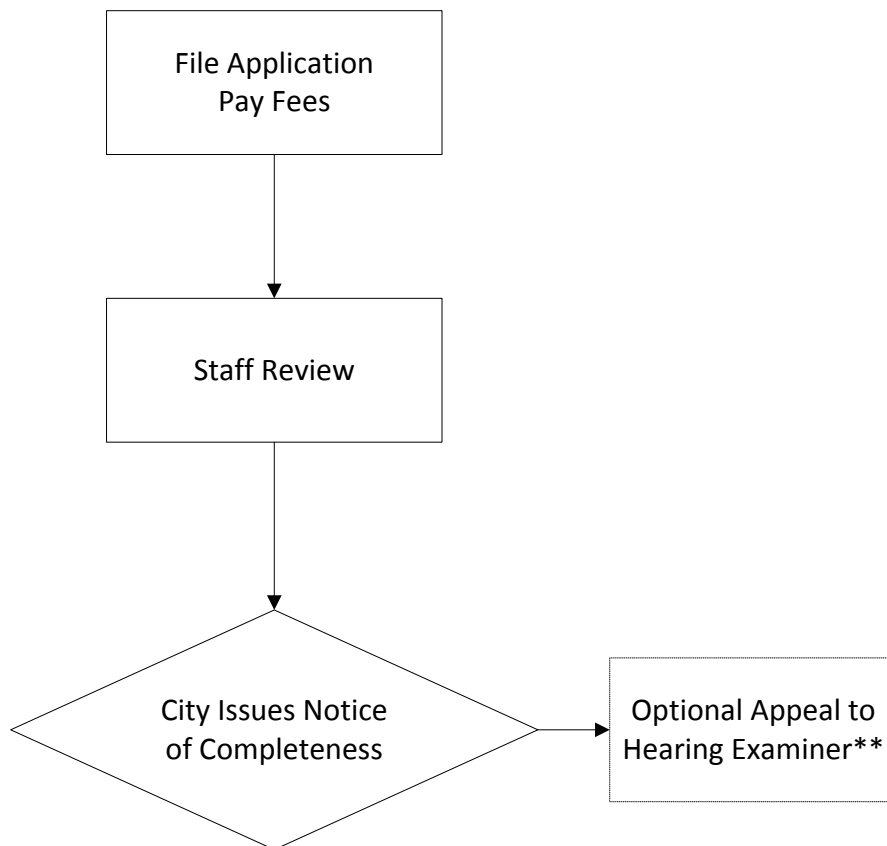


**CITY of EVERETT**  
**COMMUNITY, PLANNING and ECONOMIC DEVELOPMENT**  
**TREE PRUNING WITHIN CRITICAL AREAS**  
 (REVIEW PROCESS I)

Submit the following items listed in the checklist below by email. If unable to submit by email, applications may be submitted by mail or at the Permit Services counter. Use this application for pruning trees within a critical area (properties near or contain a wetland, stream and/or steep slope) per EMC 19.37.060.B.

<input type="checkbox"/> <b>Fee</b>	<p><b>Certified Arborist Pruning Plan</b> and all work performed under the direction of a certified arborist. – <b>No fee</b></p> <p><b>Non-Certified Arborist Pruning Plan</b> and work conducted by the owner or a person other than a certified arborist. – <b>See current Fee Schedule for Rev I.</b></p>
<input type="checkbox"/> <b>Land Use Application</b>	<p>The <i>Land Use Application</i> must be filled out completely and signed by the owner, applicant, or primary contact.</p>
<input type="checkbox"/> <b>Pruning Plan</b>	<p><b>Certified Arborist Pruning Plan shall:</b></p> <ol style="list-style-type: none"> <li>1) adhere to the standards in ANSI A300.</li> <li>2) not result in the removal of more than 33 percent of the tree’s crown.</li> <li>3) not include the topping of trees.</li> <li>4) not include any soils disturbance on the site.</li> <li>5) not include a tree that is an active nest site for a species of local importance or provides critical habitat such as an eagle perch.</li> </ol> <p><b>Non-Certified Arborist Pruning Plan shall:</b></p> <ol style="list-style-type: none"> <li>1) show the location of the proposed work using aerial photos or a site plan that accurately depicts the location of trees to be pruned.</li> <li>2) submit photos of the trees to be pruned, a description of the portions of the tree to be removed by pruning, and documentation that the trees are located on property owned by the applicant.</li> <li>3) sign a declaration stating that they have read and understood, and will comply with the applicable City regulations.</li> <li>4) submit photos of the trees that were pruned after the work is completed.</li> </ol>
<input type="checkbox"/> <b>Submit Application with this checklist by email, in person or by mail. Please email any documents you have in pdf format.</b>	<p><b>By Email:</b> Email documents to <a href="mailto:planning@everettwa.gov">planning@everettwa.gov</a>. List type of application in the subject line.</p> <p><b>In Person:</b> City of Everett Public Works Building, Permit Counter 3200 Cedar St., 2<sup>nd</sup> Floor, Everett, WA 98201</p> <p><b>By Mail:</b> Office of Community, Planning and Economic Development 2930 Wetmore Avenue, Suite 8A Everett, WA 98201</p>

**REVIEW PROCESS I  
FLOW CHART**



\*\*Any appeals of the Hearing Examiner decision are to Superior Court.



**CITY of EVERETT**  
**PLANNING and COMMUNITY DEVELOPMENT**  
**LAND USE APPLICATION**

**1) Name of Applicant** \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Alt ph \_\_\_\_\_

Email \_\_\_\_\_

**2) Primary Contact** (if other than applicant) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Alt ph \_\_\_\_\_

Email \_\_\_\_\_

**3) Property Owner(s)** \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**4) Project Address or Location** \_\_\_\_\_

Tax Parcel No(s) \_\_\_\_\_ Area of Property (acres/sq ft) \_\_\_\_\_

Zoning \_\_\_\_\_ Comprehensive Plan Designation \_\_\_\_\_

**5) Brief Description of Project** \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

**6) Name of the planner who conducted or waived the Pre-Application meeting** \_\_\_\_\_

**7) Authorization:** I am the owner or am authorized by the owner to sign and submit this application. I grant permission for City staff and agents to enter onto the subject property for the sole purpose of making any inspections of the property which are necessary to process this application. I certify under penalty of perjury of the laws of the State of Washington that the information on this application and all information submitted herewith is true, complete, and correct.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please print name \_\_\_\_\_  Owner  Applicant  Primary Contact

City and State where this application is signed \_\_\_\_\_, \_\_\_\_\_

City

State

FOR OFFICIAL USE ONLY
TYPE: _____
FILE # _____
FEE \$ _____ RECEIPT # _____
ASSIGNED TO: _____