



CITY OF COVINGTON
Community Development Department
16720 SE 271st Street • Suite 100 • Covington, WA 98042
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permitservices@covingtonwa.gov

MINOR TREE REMOVAL PERMIT APPLICATION

STAFF USE ONLY	Project Number: _____ Application Date: _____
Pursuant CMC 18.45.060 a minor tree removal permit is required if removal of trees or understory vegetation on any lots less than one acre in size, or on property or easements granted to public utilities, unless the activity falls within an exemption listed in CMC 18.45.050, in which case no permit is required.	
PROPERTY OWNER <input type="checkbox"/> Applicant Name: _____ Address: _____ City, State, Zip: _____ Phone: _____ E-mail: _____	CONTRACTOR <input type="checkbox"/> Applicant Name: _____ Company: _____ Address: _____ City, State, Zip: _____ Phone: _____ E-mail: _____ UBI#: _____
PRIMARY CONTACT PERSON <input type="checkbox"/> Applicant Name: _____ Company: _____ Address: _____ City, State, Zip: _____ Phone: _____	
SUBMITTAL REQUIREMENTS Please provide the following information with your application pursuant to CMC 18.45.060(3)(a): <ul style="list-style-type: none"><input type="checkbox"/> The legal description or tax parcel number, and street address for the site.<input type="checkbox"/> If critical areas and their buffers, or shorelines, exist on the property then their exact location shall be identified on a topography map showing contours at not greater than fivefoot intervals, as determined by a land surveyor.<input type="checkbox"/> A scaled site plan that clearly depicts the limits of disturbance, existing trees and their critical root zones, the location of any critical area or shoreline within in 200 of the property and the applicable buffers and setbacks, property lines, structures, north arrow, and date.<input type="checkbox"/> A tree inventory completed by a qualified arborist, identifying the species type, size, approximate height, location, and number of both existing trees and those specific trees to be removed.<input type="checkbox"/> A statement explaining the scope of work and time schedule for tree removal.<input type="checkbox"/> The approximate location of all critical areas and critical area buffers, and shoreline jurisdiction areas.<input type="checkbox"/> Information showing the location of existing and proposed improvements, if any, including but not limited to structures, roads, utilities, driveways and trails.	
<p style="text-align: center;"><i>All of the boxes below must be checked in order for application to be accepted.</i></p> <p><input type="checkbox"/> I acknowledge that an application for a permit for any proposed work that has not resulted in the issuance of a permit within 180 days of the date of filing shall be deemed to have been abandoned.</p> <p><input type="checkbox"/> I certify that as a contractor, I am currently registered and properly licensed as defined in RCW 18.27, or as a property owner, I am exempt from the requirements of the contractor registration and will do all my own work or use properly licensed subcontractors in connection with the work to be performed under this permit.</p> <p><input type="checkbox"/> I certify that I have read and examined this application and know the same to be true and correct, and that if any of the information provided is incorrect, the permit or approval may be revoked.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"><div style="width: 45%; text-align: center;">_____ Signature of Applicant</div><div style="width: 45%; text-align: center;">_____ Date</div></div>	