CITY OF COLUMBIA CITY COLUMBIA CITY, OREGON 97018 PO Box 189 - 1840 Second Street

Phone: 503-397-4010; Fax: 503-366-2870

TREE FALLING PERMIT

Name of Property Owner		Phone Number	Phone Number	
Ac	ddress	City/State/Zip		
Name of Applicant (if different than above)		e) Phone Number	Phone Number	
Address		City/State/Zip	City/State/Zip	
	ty street or alley and/or falling of a tree	e Applicant for removal of a tree(s) within the (s) over the street or alley right-of-way at or n mity to the terms and conditions in this permit	ear	
	oon review of the proposed project, a b	ond may be required before the permit will be tion of the project. Bonding Required	ecome valid. The bond will	
Bo	onding Company	Phone Number	Fax Number	
Ac	ddress	City/State/Zip		
1.	In addition, the contractor shall provide the City with proof of general liability insurance with an aggregate coverage of \$, naming the City as an additional insured.			
2.	The destruction, movement, etc. of any existing survey monument [i.e. benchmarks and centerline right-of-wa monument(s) or property corner(s)] while working within or on the City right-of-way is the responsibility of the Applicant. The cost of replacements of said monuments by a licensed land surveyor will be borne by the same			
3.	any damaged road surfaces shall be restored to original condition. The City will determine acceptability of the vork. If Applicant is given notice of damage, it shall be repaired immediately. Upon failure to do so, the applicant agrees the City may have the repairs done by a contractor at permittee's expense.			
4.	The City and affected nearby property owners are to be notified 24 hours in advance of starting work and of date of completion. Applicant shall be responsible for barricading any part of the street to be closed temporar for the project.			
5.	This permit is not valid until signed by the Mayor, Councilperson in charge of public streets, or the Superintendent of Public Works.			
6.	Tree faller(s) shall be licensed to do work within the City and have a permit from the Oregon Department of Forestry.			
7.	The stump(s) shall be ground so there is no hazard, and the debris shall be removed.			
8.	Tree removal under this permit must be completed within 90 days of the issue date or the permit becomes invalid. Expiration date:			
Applicant's Signature		Date of Appl	Date of Application	
Ap	oproval Signature	Title Date of Appr	roval	

____ A certificate of insurance has been received.