



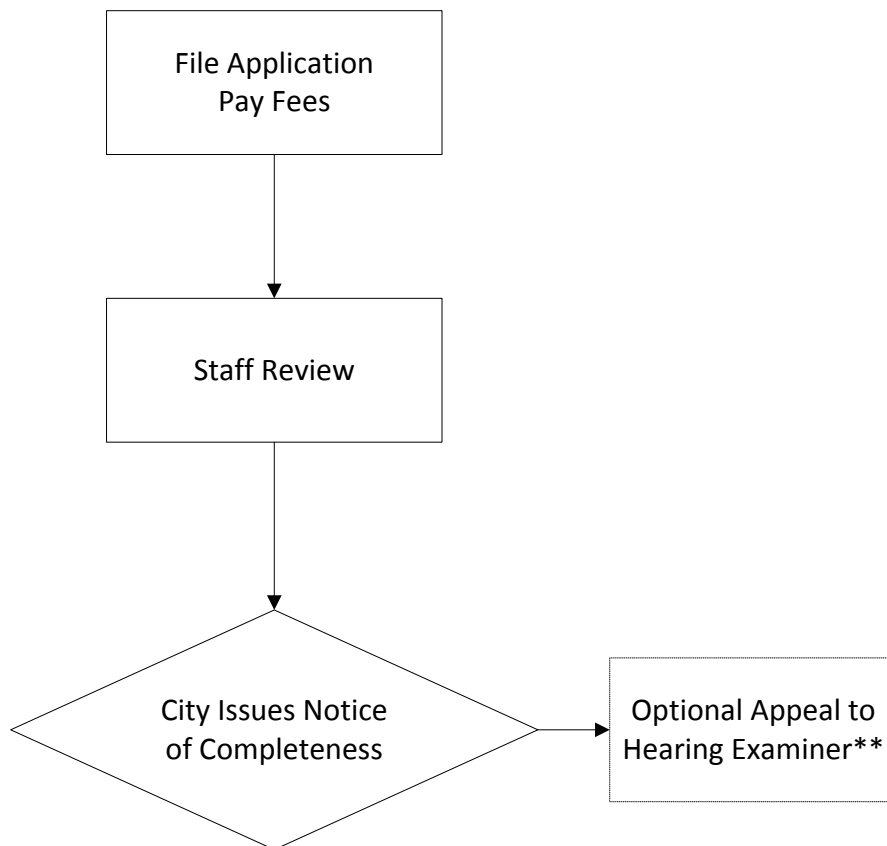
CITY of EVERETT
 PLANNING and COMMUNITY DEVELOPMENT

TREE REMOVAL (for hazardous trees in critical areas only)
 (REVIEW PROCESS I)

INSTRUCTIONS → Submit the following items listed in the checklist below. Use this application for removing hazardous trees within a critical area (properties near or contain a wetland, stream and/or steep slope) per EMC 19.37.060.B. If the tree appears to be healthy, a certified arborist’s evaluation is required to be submitted with this application to evaluate the health of the tree.

<input type="checkbox"/> Fee	– No fee
<input type="checkbox"/> Land Use Application	The <i>Land Use Application</i> must be filled out completely and signed by the owner, applicant, or primary contact. Submit one .
<input type="checkbox"/> Site Plan	Show on a site plan the location of the hazardous tree(s) to be removed. For each tree removed, two native trees must be planted somewhere within the critical area or its buffer on the property. The site plan must show where the replacement trees will be planted and the number, type, and size of replacement trees. Submit one copy.
<input type="checkbox"/> Photos	Submit photos of the tree(s) to be removed.
→ Submit application with <u>this</u> checklist either in person or by mail.	<p>In Person: City of Everett Public Works Building, Permit Services Counter 3200 Cedar St 2nd Floor, Everett, WA 98201</p> <p>By Mail: City of Everett Planning and Community Development 2930 Wetmore Ave Ste. 8-A, 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: _____