



## **PROCEDURE FOR TREE REMOVAL APPLICATION**

1. Read the application carefully and in full. Failure to do so may result in an incomplete application. This will delay your application.
2. Complete the application, making sure that the property owner signs in the space provided.
3. Include a check for the appropriate fee, if applicable. Refer to Project Types and Fees for schedule of fees.
4. Submit the application, SIGNED BY THE PROPERTY OWNER, your check, and all required supporting documents no later than the 21st of the month, or the Friday prior if the 21st falls on a weekend.
5. Applications may be emailed to **AC@kwpoa.com** or mailed to the KWPOA Architectural Committee at P.O. Box 404, Kentfield, CA 94914. It can also be delivered to our office, with prior notice, at 1010 Sir Francis Drake Blvd., Suite 200, Kentfield.
6. Complete applications will be logged in on a first come, first served basis. They will be placed on the next available agenda in the order in which they are received. Questions regarding this application can be answered by calling/leaving a message at the office (415-721-7429) or emailing the Architectural Coordinator at AC@kwpoa.com.
7. New Applications received and the status of other applications will be listed in the KWPOA monthly newsletter. They will then be placed on an agenda.
8. Architectural Committee meetings are held on approximately the second Tuesday of each month, from 5:30—7:30 PM at the KWPOA office, located at 1010 Sir Francis Drake Blvd., Suite #200, Kentfield. Where appropriate, site visits are scheduled on the day of Committee meetings, which help the members decide on the merits of a project.

**DISEASED OR HAZARDOUS TREES:** The presence of dead trees represents multiple hazards: spread of disease, fueling wild fire, or the possibility of falling. KWPOA requests that all such trees be reported. Upon submittal of a **no-fee application** AND either: 1) **an arborist's report** OR 2) **a letter from the Kentfield Fire District** OR 3) **inspection by a member of the Architectural Committee or Architectural Committee Staff**, property owners may remove diseased or hazardous trees immediately without going through the review process.

# Kent Woodlands Property Owners Association

Box 404, Kentfield, California 94914

| For Office Use Only: |       |
|----------------------|-------|
| Received:            | _____ |
| Check #:             | _____ |
| Check Amount:        | _____ |
| App. Fee:            | _____ |
| Reserve Fee:         | _____ |
| Application #:       | _____ |

## APPLICATION FOR TREE REMOVAL

REASON FOR REMOVAL: \_\_\_\_\_ DEAD \_\_\_\_\_ DISEASED \_\_\_\_\_ HAZARDOUS \_\_\_\_\_ OTHER

PLEASE DESCRIBE: \_\_\_\_\_  
\_\_\_\_\_

PROJECT ADDRESS: \_\_\_\_\_ Parcel #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

PROPERTY OWNER: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Owner Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Owner City/Zip: \_\_\_\_\_ Fax: \_\_\_\_\_

OWNER SIGNATURE: \_\_\_\_\_

**(ABSOLUTELY REQUIRED) Your signature verifies the accuracy of all information on this form & permits Board Member, Architectural Committee Member and Consultant entry onto the project site.)**

ARBORIST: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

City/Zip: \_\_\_\_\_ E-mail: \_\_\_\_\_

Date of report: \_\_\_\_\_ Date for Tree Removal: \_\_\_\_\_

LANDSCAPE ARCHITECT (IF APPLICABLE): \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

City/Zip: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Neighbor Signatures: Please contact all contiguous homeowners, including those across the street from your property. A signature only signifies notification, not approval, of tree removal. The Architectural Committee will facilitate reasonable removals of diseased, dead or dying trees; however, the Architectural Committee alone has final authority to determine the impact of proposed applications depending upon their affect on neighboring properties' privacy, seclusion and views. **Additional signatures may be necessary, pending review of the project by the Committee.** Please call the KWPOA office if you would like a list of affected neighbors with telephone numbers/contact information to notify for your project.**

**(NOTE: NEIGHBOR SIGNATURES NOT REQUIRED FOR DEAD, DISEASED OR HAZARDOUS TREES)**

| Name | Address | Phone | Your signature here indicates that you have reviewed the plans: |
|------|---------|-------|---|
|      |         |       |   |
|      |         |       |   |
|      |         |       |   |
|      |         |       |   |