



(Note: Applications will NOT be processed until the application fee is paid.)

THE CITY OF ASPEN

Parks Department  
585 Cemetery Lane  
Aspen, CO 81611  
Parks Office: 970.920.5120  
Fax: 970.920.5128

**FOR PARKS USE ONLY**

Date Received: \_\_\_\_\_ Permit # 2017: \_\_\_\_\_  
Date Responded: \_\_\_\_\_ Building Permit #: \_\_\_\_\_  
(If applicable)  
Fees Paid: Y / N Amount \$ \_\_\_\_\_ Credit / Cash / Check # \_\_\_\_\_ Init: \_\_\_\_\_

**TREE REMOVAL / DRIP LINE EXCAVATION PERMIT**

Please submit the following information to the Parks Department, together with your check payable to the *City of Aspen*. Please check the appropriate options below:

- \$77 – Non construction related
- \$206 – Construction related
- Tree Removal Permit
- Drip Line Excavation

1. Site address - \_\_\_\_\_
2. Outline/Sketch/Drawing of property to include: *(Please attach TWO copies)*
  - a. Property address.
  - b. Property boundaries.
  - c. Locations of buildings on the property.
  - d. Location, diameter, and species of trees on property and designate with arrows or circles which trees are to be removed.
3. List trees to be removed, species and diameter at 4.5' above grade. City Forester will define tree values utilizing the following equation: Max value = \$42 x 3.14 x (D/2)<sup>2</sup>, D = Diameter of tree in inches at 4.5' above grade.
4. Reason for Removal:
5. Mitigation Plan {relocation of trees or replacement as referenced in Aspen Municipal Code Sec. 1320(e)}  
Please ADD to the Property Drawing: *(TWO copies needed)*
  - a. Location of replacement/relocation trees.
  - b. Size and species of trees to be replaced.
  - c. Professional cost estimate of planting (nursery stock, delivery, and installation).
6. Estimated Start Date of Project: \_\_\_\_\_
7. Person(s) responsible for project (applicant):
  - a) Primary Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_
  - b) Name of Architect or Construction Representative (please print): \_\_\_\_\_  
Company Name (please print): \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Signature of Representative: \_\_\_\_\_ Date: \_\_\_\_\_
  - c) Property Owner Name (please print): \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Fax / Email address: \_\_\_\_\_  
Signature of Owner: \_\_\_\_\_ Date: \_\_\_\_\_

**MUST BE POSTED ON PROPERTY DURING REMOVAL**