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| A logo of a county  Description automatically generated | **Arborist Report Template**Planning & Building DepartmentCounty of San Mateo650.363.4161 - www.smcgov.org |

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| **Arborist Instructions** |
| An arborist report is a required component of a Protected Tree Removal Permit Application. The arborist report shall be completed by a certified arborist, registered with the International Society of Arboriculture (ISA) or American Society of Consulting Arborists (ACSA). The report shall include the following information listed below at a minimum. Reports that do not include all the information will not be accepted.  |
| **Identification of Arborist** |
| Today’s Date |  |
| Arborist Name |  |
| Company Name |  |
| Company Address |  |
| Email |  |
| Phone |  |
| ISA/RCA # |  |
| Expiration Date |  |
| Tree Risk Assessment Qualified? (Check one) | Yes |  | No |  |
| **Site Information** |
| Site Address |  |
| Property Owner(Name, email, phone number) |  |
| Reason for arborist site visit(Check one) | Site development |  | Tree risk concerns |  |
| Tree with risk concerns only: | I have completed and attached Appendix I. ISA Basic Tree Risk Assessment Form (Page 10-11), or equivalent form. |  |
| Provide more details about the reason for arborist site visit: |
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| **Basic Tree Information** |
| Diameter at Standard Height (inches) |  | Species(Botanical name) |  |
| Estimated canopy width (feet) |  | Species (Common name) |  |
| **Risk rating**For tree risk related visits only: |  |
| Tree’s Current Condition Description of the tree’s health, structure, and form |
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| **Photographs** |
| Attach clear pictures of all affected tree(s) proposed for removal, and indicate location, signs of failure, infrastructure conflicts, or pest or disease infestations. Attach additional sheets as necessary. Provide a caption for each photograph. |
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| Photograph 1: | Photograph 2: |

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| Additional photo sheet if necessary  |
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| Photograph 3: | Photograph 4: |
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| Photograph 5: | Photograph 6: |

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| **Site Map** |
| Attach a site map showing the location of the tree(s) proposed for removal, including buildings, driveways, and other infrastructure. |
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| **Arborist Opinion** |
| Describe why the protected tree should be removed, and how this opinion meets the Required Findings for Permit Approval (Section 8.400.150). Attach additional sheets as necessary. |
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|  **Reasonable Alternatives** |
| Please check off the following alternatives to removal that were considered in preparing this report. |
| Target management |  | Improvement of site conditions |  |
| Risk management pruning |  | Pest or disease treatments |  |
| Installation of a support system |  | Regular monitoring |  |
| Provide a description of all reasonable alternatives to removal that were considered. What else was considered before proposing to remove the protected tree? Why are none of these alternatives acceptable? |
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| **Tree Replacement** |
| Protected Tree Ordinance Requirements: |
| **Canopy Width of Removed Tree** | **Replacement Requirements** | **Replacement Requirements****with Development** |
| Up to 25 feet | One 15-gallon tree(1.5-inch caliper) | One 24-inch box tree(2-inch caliper) |
| 25 feet to 40 feet | Two 15-gallon tree(1.5-inch caliper) | Two 24-inch box tree(2-inch caliper) |
| More than 40 feet | Three 24-inch box trees (2-inch caliper)**OR**Two 36-inch box trees (2.5-inch caliper) | Three 24-inch box trees (2-inch caliper) **OR** Two 36-inch box trees (2.5-inch caliper) |
| Required number and size of trees to be planted as replacement trees |  |
| Recommended number of trees to be replanted on site |  |
| Recommended species botanical name(s) |  | Recommended species common name(s) |  |
| **In Lieu Fee Mitigation** |
| When it is not feasible to replant the required amount of trees, a fee may be accepted in-lieu of replacement trees |
| Indicate the number of trees for which in-lieu fees are recommended instead of replanting |  |
| Provide a description for why it is not feasible to plant replacement trees |
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| **Site Map** |
| Attach a site map with the recommended location of the replacement species, including GPS coordinates. If in-lieu fee mitigation is recommended, indicate on the map where the replacement trees cannot be accommodated on the site. |
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| **Arborist Declaration** |
| I hereby declare that I have read and understood the required information, procedures, and provisions under the **San Mateo County Protected Tree Ordinance XXX:** (Hyperlink to referenced Tree Ordinance)The statements and plans made by me in this arborist report are, to the best of my belief and knowledge, true and accurate.**I acknowledge that the Landowner requires a Permit before proceeding with any of the work detailed in the application.** |
| Arborist Signature |  | Date |  |

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| **Appendix I. ISA Basic Tree Risk Assessment Form**  |
| Please complete the form for any tree(s) with tree risk concerns |



