



APPLICATION FOR TREE PRESERVATION OR LANDSCAPE PERMIT

City of Webster Groves
Department of Park and Recreation
314/963-5457

Project address: _____

Check (✓) all that apply:

- Demolition only without New Home Construction
- Demolition with New Home Construction
- Commercial Construction
- New Home Construction without Demolition
- Install, Maintain, or Remove Plant Material on City Property / Right of Way
- Install, maintain or remove trees, occupancy less than 12 months

Owner(s) of record of the hereinafter described property:

Name(s): _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Tel.: _____ Fax: _____
 Email: _____

Licensed Tree Contractor (as approved by City of Webster Groves) or Landscape Architect

Name(s): _____
 Tel.: _____ Fax: _____
 Email: _____

1. All work will conform to current National Arborist Association and ANSI_Z 133 for Arboricultural Operations standards.
2. During construction activities, the Tree Preservation Plan will be followed at all times.
3. Within the Tree Protection Zone or Limits of Disturbance Areas there will be no trenching, grade changes, digging, excavation, or storage of materials or spoils.
4. At no time shall equipment enter the Limits of Disturbance area for any reason.
5. Should any valued tree die or become damaged as a result of grading or construction, the owner/developer shall pay an assessment equal to the value of the tree(s) that die, are damaged beyond repair, or are removed based on the appraised value.
6. Any person who violates any provision of the Ordinance or fails to comply with any notice issued pursuant to the provisions of the Ordinance, upon being found guilty of violation, shall be subject to a fine not to exceed \$250 for each separate offence.

I hereby certify that all information provided in this application is accurate and that all construction will be performed in accordance with the Tree Ordinance of the City of Webster Groves.

Contractor (print) _____

Contractor Signature: _____ Date: _____

Will you (or your contractor) need to close any street to complete the project? [] Yes [] No

If yes, please specify street location: _____

Contractor's Webster Groves Arborist License # _____

Applicant signature _____ Date _____

REQUIRED MATERIALS

For a permit to be accepted for inclusion on an agenda and / or staff review, the following requirements and information shall be submitted

1. Plan Submittal, prepared by an approved Arborist or Landscape Architect shall include the following:
 - a. Two (2) copies of the Tree Preservation Plan or Landscape Plan
 - b. Two (2) copies of the tabulation of tree statistics.
2. Payment of the appropriate application fee.

For questions regarding this application, contact Yvonne Steingrubby, City Arborist, 314-963-5457

For further details and specifications, visit www.webstergroves.org to view the Tree Ordinance and Tree Manual.

Tree Preservation Plan (TPP)	Section 10.310
Tree Preservation Plan Requirements	Section 10.330 Regulations
Landscape Plan	Section 10.335 Regulations

FEE SCHEDULE

The fees associated with a Tree Preservation or Landscape permit are listed in the following schedule:

	Fee
Permit Application Fee	\$25 Initial fee
Tree Inspections	\$25 per inspection
Tree Replacement	\$120 per caliper inch not replaced on site, \$800 max residential, \$5000 max non-residential
Tree Escrow (Residential)	\$800, \$300 per street tree (if required)
Tree Escrow (Commercial) Refundable	\$2000 per acre of tree preservation, Or \$5000, whichever is greater
Tree Preservation Plan review	\$10 per tree over 8 caliper inches
Landscape Surety	125% of the cost of materials and labor

For City Use Only

Explanation of conditions or reason for denial:

FOR CITY USE ONLY	Code	Account #	Unit Cost	Fee
Permit Application Fee	Tree	01-00-433		
Tree Inspections Required	Tree	01-00-433	\$25	
Tree Replacement	TRPLANT	01-214	\$120 per caliper inch	
Tree Escrow	TRFND	01-245		
Landscape Surety	TRFND	01-2245		
Total Tree Permit Costs				

Approved by: _____ Date _____

Application Fee: \$25 Pmt: _____ Rec'd By: _____ Date: _____

Balance of Payment: _____ Pmt: _____ Rec'd By: _____ Date: _____

Date of issuance _____ Expiration Date _____