



TREE CUTTING AND CLEARING/ CLASS IV FOREST PRACTICES

Planning and Economic Development Department
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Tree Cutting and Clearing

Poulsbo Municipal Code (PMC) Chapter 15.35 sets forth rules and regulations for tree removal, pruning, cutting, and clearing, establishes the procedures for issuance of permits, and provides for approval of plans, inspections, enforcement, and penalties. Find additional information on Tree Cutting and Clearing [here](#).

When required or determined necessary, the PED Director will consult with the City Arborist. All costs associated with review by the City Arborist shall be the responsibility of the property owner or applicant. A Tree Cutting and Clearing Permit shall be obtained from the City before commencing any activity for which a permit is required, unless specifically exempted in [PMC 15.35.070](#) (see [Tree Cutting and Clearing Request for Exemption](#)). Looking for an arborist to hire for your project? Check out <https://www.treesaregood.org/findanarborist>.

Class IV Forest Practices

The City of Poulsbo assumed jurisdiction over the review and approval of Class IV-General Forest Practices on January 1, 2020. Prior to this date, the Washington State Department of Natural Resources (DNR) was responsible for issuing this permit. A Class IV-General Forest Practices Permit is required when logging operation, which would otherwise be classified as a Class II or Class III Forest practice, occurs on land in an Urban Growth Area (UGA); or on land where an application for development has been or is being submitted. Examples include, but are not limited to, Building permit, Preliminary Plat, Short Plat, and Site Development permit for clearing. Find additional information on Class IV Forest Practices [here](#).

Application is for: <input type="checkbox"/> Tree Cutting <input type="checkbox"/> Clearing <input type="checkbox"/> Class IV Forest Practice (timber harvest)	
PROJECT:	
Project Address:	
Tax Parcel No.:	
Total square feet of clearing and/or cutting area?	
Project Description:	

Trees proposed to be removed: (include a separate sheet or attach a site map if needed)

Note: this section does not need to be filled out for Class IV General Forest Practice Permit.

	Tree Name	Location on Property	Reason for Removal
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Is the clearing and/or cutting in conjunction with a development project? YES NO

If yes, what is the name of the development project?

Have you already completed SEPA Environmental Review for this project? YES NO

Note: If this project is associated with a land use permit (subdivision, site plan, etc) and a grading permit is also required, the permits shall be reviewed and issued in conjunction with one another. A tree cutting and clearing permit will not be issued without a grading permit in these circumstances.

Is the clearing and/or cutting located within a critical area or its associated buffer? YES NO

Is the clearing and/or cutting located within 200 ft of Liberty Bay? YES NO

Is the clearing and/or cutting located within tree retention easement or tract? YES NO

Is the clearing and/or cutting located within an open space tract? YES NO

Is the clearing and/or cutting located within a required landscaping area? YES NO

Is the clearing and/or cutting located within the right-of-way? YES NO

Have you already cleared and/or removed any trees this calendar year? YES NO

If yes, what was the total square footage?

Is the clearing and/or cutting associated with commercial timber harvesting? YES NO

If yes, please respond to the questions below under "Class IV Forest Practices"

CLASS IV GENERAL FOREST PRACTICES

Are you proposing to harvest more than 5000 board feet of merchantable timber? YES NO

If yes, then also answer the following:

What is the total number of trees to be removed?

What is the total volume to be harvested and sold (in board feet)?

What is expected duration of the forest practice activity?



Proposed start date:	Proposed end date:
Proposed timber harvest method?	
What is the proposed future use of the land after timber removal?	
Forest Tax Reporting Account number of Timber Owner (if harvesting):	
APPLICANT:	
Name:	Phone:
Address:	
Email:	
ARBORIST (IF DIFFERENT)	
Name:	Phone:
Address:	
Email:	
OWNER (IF DIFFERENT):	
Name:	Phone:
Address:	
Email:	
APPLICATION SUBMITTAL REQUIREMENTS:	
<p>The PED Department is now accepting all applications electronically. Please submit your application online here or email the materials to plan&econ@cityofpoulsbo.com.</p>	
<input type="checkbox"/> Application Fees and Deposits	
<input type="checkbox"/> Site Plan Review drawings. Existing conditions and proposed removal and/or cutting shall contain ALL the information listed in PMC 15.35.080 .	
<input type="checkbox"/> Arborist Report (if required)	
<input type="checkbox"/> Preliminary drainage report including Level One downstream analysis (if required)	
<input type="checkbox"/> Any Critical Areas special reports per PMC Chapter 16.20 (if required)	
<input type="checkbox"/> SEPA Environmental Checklist (if required)	
<input type="checkbox"/> Notarized property owner and/or applicant signature page (attached)	
<input type="checkbox"/> Any other information/documents:	



PROPERTY OWNER'S SIGNATURE (if other than applicant/agent):

I, the undersigned, state that, to the best of my knowledge, all the information provided for this application is true and complete. It is understood that the City of Poulsbo may nullify any decision made in reliance upon information given on this application form should there be any willful misrepresentation or willful lack of full disclosure on my part.

Signature of Property Owner

Print Name of Owner

STATE OF WASHINGTON)) SS
COUNTY OF KITSAP)

On this _____ day of _____, 20____ before me, the undersigned, a Notary Public in and for the State of Washington, duly commissioned and sworn, personally appeared _____ to me known to be the individual(s) described in and who executed the within and foregoing instrument, and acknowledged that he/she/they signed the same as his/her/their free and voluntary act and deed, for the uses and purposes therein mentioned, and on oath stated that he/she/they was (were) authorized to execute said instrument.

WITNESS my hand and official seal this _____ day of _____, 20_____.

NOTARY PUBLIC in and for the
State of Washington Residing at

Commission Expires _____