



TREE CUTTING AND CLEARING EXEMPTION

Planning and Economic Development Department
 200 NE Moe Street | Poulsbo, Washington 98370
 (360) 394-9748 | fax (360) 697-8269
www.cityofpoulsbo.com | plan&econ@cityofpoulsbo.com

An exemption from a tree cutting or clearing permit does not necessarily exempt a property owner from complying with other requirements. These may include policies, criteria, and standards contained in this chapter, plat requirements, HOA rules, or other applicable local, state, or federal regulations or permit requirements.

PROJECT INFORMATION:	
Project Address:	Tax Assessor's ID:
Total square feet of clearing and/or cutting area:	
Total number of trees to be removed:	
Tree type(s) to be removed:	
Tree size(s) (or diameter at breast height) to be removed:	
Project Description:	
Is the clearing and/or cutting in conjunction with a development project?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Is the clearing and/or cutting located within a critical area or its associated buffer?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Is the clearing and/or cutting located within 200 ft of Liberty Bay?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Is the clearing and/or cutting located within tree retention easement or tract?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Is the clearing and/or cutting located within an open space tract?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Is the clearing and/or cutting located within a required landscaping area?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Is the clearing and/or cutting located within the right-of-way?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Is the clearing and/or cutting associated with commercial timber harvesting?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you cleared and/or removed any trees this calendar year?	YES <input type="checkbox"/> NO <input type="checkbox"/>
A tree cutting and clearing exemption is being requested for the following: <ul style="list-style-type: none"> <input type="checkbox"/> Normal and routine maintenance of existing landscaping. <input type="checkbox"/> The total area to be disturbed is 7,000 square feet or less. <input type="checkbox"/> Installation and maintenance of fire hydrants, water meters, and pumping stations by the city or its contractors. <input type="checkbox"/> Minimal blazing for line-of-site surveying and limited clearing to perform geotechnical exploration. <input type="checkbox"/> The removal of plants designated as noxious weeds by government agencies. <input type="checkbox"/> Trees that are damaged during a weather event, such as windstorm. <input type="checkbox"/> Removal of dead, dying or dangerous trees per PMC 15.35.120. <input type="checkbox"/> Nonconversion forest practice on property equal to or greater than 20 acres (see PMC 15.35.090). 	

APPLICANT:

Name:

Phone:

Address:

Email:

I, the undersigned, declare under penalty of perjury under the laws of the State of Washington, that to the best of my knowledge the above information is true and complete.

Applicant Name:

Date:

Applicant Signature:

SUBMITTAL REQUIREMENTS:

The PED Department is now accepting all applications electronically. Please submit your application online [here](#) or email the materials to plan&econ@cityofpoulsbo.com.

[Tree Cutting and Clearing Exemption Application Form](#)

Site plan depicting the location of the proposed tree cutting and clearing.

Arborist report (if required)

FOR STAFF USE ONLY:

The above requested exemption is approved by the City of Poulsbo.

Approved By:

Date:

Signature:

Conditions of Approval:

1. An exemption from a tree cutting or clearing permit does not necessarily exempt a property owner from complying with other requirements. These may include policies, criteria, and standards contained in this chapter, plat requirements, HOA rules, or other applicable local, state, or federal regulations or permit requirements.
2. This exemption from a tree cutting and clearing permits shall expire one year from the date of issuance.
3. This removal counts towards the maximum 7,000 SF of tree cutting and clearing allowed per calendar year without a tree cutting and clearing permit.
4. Removal of a tree (or its stump) that is subject to a tree cutting and clearing permit, without obtaining a tree removal permit prior to its removal, constitutes a violation of Chapter 15.35. Mitigation is required.
5. Violations of the provisions of Chapter 15.35 shall be liable for all damages to public or private property arising from such violation, including the cost of restoring the affected area to its condition prior to such violation or to such other condition acceptable to the city.



SIGNATURES:

I, the undersigned, state that, to the best of my knowledge, all the information provided in 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.

I hereby authorize City of Poulsbo representative(s) to inspect the subject property Monday-Friday between the hours of 8:00 am and 4:00 pm during this permit application process.

Signature of Applicant/Agent

Print Name of Applicant/Agent

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 _____

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 _____