



City of Pomona Planning Division

HISTORIC DISTRICTS

MINOR CERTIFICATE OF APPROPRIATENESS

TREE TRIMMING AND/OR REMOVAL APPLICATION

OFFICE USE ONLY

CASE NO: _____

DATE RECEIVED: _____

RECEIVED BY: _____



PROJECT INFORMATION

Project Address: _____

Include the number of trees to be trimmed/removed and the tree species.

Description of Work: _____

CONTACT INFORMATION

APPLICANT

Name: _____

Phone/Email: _____

Address: _____

PROPERTY
OWNER

Name: _____

Phone/Email: _____

Address: _____

CONTRACTOR
/TRADESMAN

Name: _____

Phone/Email: _____

Address: _____

Business License No.: _____

I have read and received a copy of the Summary of the City's Pruning Guidelines (attached) for Street Trees, Mature Significant Trees, and Specimen (Heritage) Trees.

Applicant's Signature

Date

SUBMITTAL REQUIREMENTS

Listed below are the submittal requirements for Minor Certificates of Appropriateness Tree Trimming/Removal. Please note that the City of Pomona Planning Division does not accept incomplete applications. All documents and exhibits listed below are required at the time of submittal.

☐ PLOT PLAN (2 sets)

Plot Plan should indicate the location of all trees proposed to be trimmed/removed and the location of all existing trees on the subject site.

☐ PROPERTY OWNER'S AFFIDAVIT

☐ PHOTOGRAPHS OF ALL TREES TO BE TRIMMED AND/OR REMOVED

Photographs may be submitted as hard copies or (preferred) digital copies.

Additional requirements may arise as the Planning Division receives more information regarding the proposed scope of work. For clarification regarding application submittal process please contact the Planning Division at (909)620-2191.

FOR TREE REMOVALS:

☐ PHOTOGRAPHS OF PROPOSED REPLACEMENT FOR REMOVED TREES

Replacement must be made within one year of approval

In-lieu fee may be paid as replacement

ALL MINOR CERTIFICATES OF APPROPRIATENESS FOR TREE TRIMMING REQUIRE AN AFFIDAVIT. NO NOTARY REQUIRED.

PROPERTY OWNER'S AFFIDAVIT

STATE OF CALIFORNIA)

)SS

COUNTY OF LOS ANGELES)

I/WE _____ BEING DULY SWORN, DEPOSE AND SAY, THAT I/WE AM/ARE THE OWNER(S) OF PROPERTY INVOLVED IN THIS PETITION, AND THAT THE FOREGOING STATEMENTS AND ANSWERS HEREIN CONTAINED AND THE INFORMATION HERewith SUBMITTED, ARE IN ALL RESPECTS TRUE AND CORRECT TO THE BEST OF KNOWLEDGE AND BELIEF.

SWORN TO BEFORE ME THIS _____ SIGNED: _____

DAY OF _____, _____ .

ADDRESS: _____

CITY: _____

NOTARY PUBLIC

TELEPHONE: _____

APPLICATION :

☐

APPROVED

☐

DENIED

Approved: (Approved work is specifically limited to the project description on this form. Applicant should keep a copy of the permit on-site and be able to produce it upon request of any City Official.)

City Arborist Pre-trimming Review

Date

Planner

Date

Expiration Date: _____ (60 days from project approval date unless otherwise specified)