**SECTION 1: APPLICANT & PROJECT INFORMATION** 

1900 SW 4<sup>th</sup> Ave. Suite 5000 Email: trees@portlandoregon.gov

Tel: (503) 823-TREE (8733)

## **URBAN FORESTRY PRELIMINARY PROJECT DESIGN FORM (PPDF)**

Development on City owned or managed sites, new public streets, or improvements to existing streets

\*\*\*Please email completed form to: trees@portlandoregon.gov

APPLICANTS REQUIRING LAND USE REVIEW APPROVAL, IN ADDITION TO FORESTRY PERMITTING, MUST BE THROUGH 30% DESIGN AND PROVIDE THE TREE INVENTORY AND COMPLETED PPDF TO BDS IN ORDER FOR BDS TO DEEM THE APP. COMPLETE.

Please complete the information below to begin the tree review process for development projects. Applicants are required to consult with the City Forester at the preliminary project design phase on City owned or managed sites, new public streets, or improvements to existing streets. Urban Forestry will evaluate proposals to identify opportunities to retain existing trees and help determine tree planting opportunities.

After receiving a completed form, an Urban Forestry Tree Inspector will be assigned to the project within 2 weeks to review the scope of work, evaluate potential tree impacts, potential for tree planting, and to discuss tree plan submittal requirements. Collaboration at the beginning of a project will assist project managers in understanding the type of work requiring an UF permit, help streamline the process in obtaining the permit, and help to meet the citywide goals of increased canopy and preservation.

Date:	Applicant Name:	Organization:	
Current Project Phase (please check one):  Conceptual Start-Up/Kick-Off Other			
Is there an ap	proved master plan associated with this	project? 🗌 Yes 🔲 No	
Are there exis	ct require a Land Use review?	· · · · · — —	
PLEASE COMPLETE THE CHART AS THOROUGHLY AS POSSIBLE.			
SAP Defined Project Reference # (complete WBS element w/ extension):			
Project Name:			
Bureaus (or private entities) Involved in Project: (if multiple stakeholders are involved, specify who is the lead):			
Project Boundaries or Taxlot ID: (please provide an address and/or boundary descriptions):			
Consulting Arborist (if applicable)			
☐ A consulting arborist will be hired for this project, but the information is not yet finalized to provide below.			
Name:	Signatur	e:	
ISA Certification Number: Company/Organization:			
Mailing Address:			
City:	State:	Zipcode:	
Day Phone: Email:			
Project Conta	ct for UF:		
Project Conta	ct Phone:	Project Contact email:	
Estimated Start Date of Construction (breaking ground):			
Estimated Duration of Construction:			
Do you have a preference of date(s) for an on-site meeting:			

## SECTION 2: ADDITIONAL PROJECT INFORMATION

Fill in all fields below. Applications without sufficient information will be returned with a request to provide more details. Type of Work Proposed (check all that apply): ☐ Tree Removal ☐ Tree Pruning ☐ Planting On-Site ☐ Tree Attachments ☐ Equipment Storage Grade Changes ☐ Install/Relocate Utilities ☐ Irrigation Installation ☐ Chemical Application Other (please explain) ☐ Yes ☐ No **Heritage Trees on-site?** Will this project utilize surveyors to generate the tree inventory? ☐ Yes □No Will this project require an NPUP (Non-Park Use Permit?) □No Yes If yes, has the NPUP been completed as of today? Yes □No Project Description & Scope of Work as it pertains to trees; please include: Please describe any specific aspects of the project that are important/necessary to the design. Attach additional pages as necessary. 1) Tree preservation 2) Tree planting opportunities 3) Anticipated tree work (e.g. preconstruction pruning, tree removal, root cutting, etc.) 4) Impacts on trees (e.g. trenching near trees, grading, irrigation or lighting installation, etc.) Does the project propose to use a development impact area? Yes No Unsure at this time If yes, describe the boundaries: SECTION 3: RESPONSIBILITY STATEMENT Responsibility Statement. As the applicant submitting this application for an Urban Forestry permit for a CIP or project on City property, I am responsible for the accuracy of the information submitted. I am also responsible for gaining the permission of the owner(s) of the property listed on page 3 in order to apply for this permit and for reviewing the responsibility statement with them. Urban Forestry is not liable if any of these actions are taken without the consent of the owner(s) of the property. In order to process this permit, Urban Forestry staff may visit the site, photograph the property, or otherwise document the site as part of the permit. I understand that I must have the approved permit in hand before beginning any proposed tree work. Failure to do so or violating the terms of the permit may result in penalties per City Code. By my signature. I indicate my understanding and agreement to the Responsibility Statement. Print name of person submitting this application: Signature: \_\_\_\_

Phone Number: \_\_\_\_\_ Date: \_\_\_\_

## **SECTION 4: ADDITIONAL CONTACT INFORMATION**

Name Company/Organization Mailing Address City	DAPPLICANT DEPROPERTY OWNER Signature State Email	Zipcode
Name Company/Organization Mailing Address City	□ APPLICANT □ PROPERTY OWNER Signature  State	Zipcode
Day Phone	Email	
Name Company/Organization Mailing Address City	APPLICANT	Zipcode
Day Phone	Email	
Name Company/Organization Mailing Address	□ APPLICANT □ PROPERTY OWNER Signature State	
	Email	-
Day i none	EIIIGII	
NameCompany/Organization	□ APPLICANT □ PROPERTY OWNER Signature	
Mailing Address Citv	State	
•	Email	-