



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.

SECTION 1: APPLICANT & PROJECT INFORMATION

Date: _____ Applicant Name: _____ Organization: _____

Current Project Phase (please check one): Conceptual Start-Up/Kick-Off Other _____

Is there an approved master plan associated with this project? Yes No

Will this project require a Land Use review? Yes No

Are there existing Land Use reviews associated with the development area of this project? Yes No

Are there trees preserved under the Land Use Review? Yes No

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):
<u>Consulting Arborist (if applicable)</u>
<input type="checkbox"/> A consulting arborist will be hired for this project, but the information is not yet finalized to provide below.
Name: _____ Signature: _____
ISA Certification Number: _____ Company/Organization: _____
Mailing Address: _____
City: _____ State: _____ Zipcode: _____
Day Phone: _____ Email: _____
Project Contact for UF:
Project Contact 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 4: ADDITIONAL CONTACT INFORMATION

Check All That Apply: APPLICANT PROPERTY OWNER OTHER _____
Name _____ Signature _____
Company/Organization _____
Mailing Address _____
City _____ State _____ Zipcode _____
Day Phone _____ Email _____

Check All That Apply: APPLICANT PROPERTY OWNER OTHER _____
Name _____ Signature _____
Company/Organization _____
Mailing Address _____
City _____ State _____ Zipcode _____
Day Phone _____ Email _____

Check All That Apply: APPLICANT PROPERTY OWNER OTHER _____
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