



# San Juan County Community Development & Planning

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 www.sanjuanco.com

## Shoreline Tree Removal Plan Application

The purpose of this application is to determine if the proposed tree removal plan is consistent with current San Juan County regulations. Tree removal in the shoreline is regulated by the following Sections of the San Juan County Code:

- 18.35.020 -.050 Critical Areas
- 18.35.085 -.105 Wetlands
- 18.35.110 - .140 FWHCA
- 18.50.060 Clearing and grading
- 18.50.130 Vegetation management
- 18.50.140 View protection
- 18.50.240 Forest management
- 18.50.330.B(3) Mobile home courts and parks
- 18.50.330.B(8) Residential development (Tree Removal Plan)
- 18.50.330.D(2) Residential (Shoreline Setbacks & Screening)
- 18.50.330.D(3) Waterfront subdivisions

PROPERTY INFORMATION	
Tax Parcel Number: _____	Land Use/Shoreline Designation: _____
Property Size: _____	Water Body.: _____

OWNER AND AGENT INFORMATION:	
Name of <b>Owners</b> : _____	Name of <b>Agent</b> : _____
Address _____	Address _____
City, State, Zip _____	City, State, Zip _____
Phone Number _____	Phone Number _____
Email _____	E-mail _____

CERTIFICATION (Must be signed by all property owners of record or a notarized agent signature provided.)		
I have examined this application and attachments and know the same to be true and correct, and certify that this application is being made with the full knowledge and consent of all owners of the affected property.		
_____ <i>Signature of Property Owner (or Agent with notarized authorization attached.)</i>	_____ <i>Printed Name</i>	_____ <i>Date</i>
_____ <i>Signature of Property Owner (or Authorized Agent with notarized authorization attached.)</i>	_____ <i>Printed Name</i>	_____ <i>Date</i>
_____ <i>Signature of Property Owner (or Authorized Agent with notarized authorization attached.)</i>	_____ <i>Printed Name</i>	_____ <i>Date</i>
<b>For CD&amp;P Use Only</b>	Complete Application: <input type="checkbox"/> YES <input type="checkbox"/> NO	Receipt Number: 0000
Amt. Paid: _____	Date Received: _____	

**GENERAL REQUIREMENTS:** In preparing tree removal plans, applicants should be mindful that trees may not be "excessively removed," the shoreline shall be "protected from degradation," and "existing vegetation" shall be used to visually buffer structures." A tree replanting plan may also be required to insure compliance with these requirements. Tree removal in the shoreline jurisdiction must also meet the vegetation and tree removal requirements of the critical area regulations in SJCC Chapter 18.35. (see attached handout).

~See following pages for additional instructions and requirements~

In order to accurately review and approve or deny any request for tree removal in the shoreline, the submittal of a tree removal narrative, site plan and photographs are required. In addition, if removal of hazard trees is requested, please submit the attached hazard tree evaluation sheet signed by your certified arborist. A check for \$105.00 payable to SJC CD&P must be submitted with your application for the review and processing of your application (see Land Use Applications Fees at <http://www.sanjuanco.com/permitcenter/ApplicationForms.aspx>).

**SCALED SITE PLAN:** The scaled site plan shall include and accurately depict the following:

- Parcel lot lines,
- Existing structures and driveways, and
- Location and identification (by number) of existing trees including the area covered by the tree canopy and vegetation,
- Existing or proposed view and solar access corridors (1"=50' scale is preferable);  
Tree(s) you wish to have removed (identify number size, diameter at 4.5 feet above ground, height, species, and location);
- Lines marking the Ordinary High Water Mark (OHWM) and 200 feet from OHWM (extent of Shoreline Master Program jurisdiction);
- Lines marking the minimum shoreline setback from the Ordinary High Water Mark, Top of the Bank or Berm, whichever is located farthest from the shore:
  - 50 feet (minimum development setbacks with adequate screening) or
  - 100 feet (minimum development setbacks without adequate screening)
- Lines marking FWHCA Tree Protection Zone 1 (first 35 feet from OHWM) and FWHCA Tree Protection Zone 2 (next 75 feet from the OHWM) (See 18.35.130 – FWHCA);
- Lines marking the FWHCA Water Quality buffer (50-150 feet from OHWM depending upon land use intensity (See SJCC Table 18.35.130-1.)).
- For removal of hazard trees, the name, contact information and license number of the certified arborist that confirmed that the tree meets the definition of "hazard tree" in SJCC 18.20.080 (a tree that a certified arborist has determined has: (1) a high probability of falling due to a debilitating disease or a structural defect; and (2) potential for significant property damage or personal injury if it falls.);
- If removal of trees is requested beyond those needed for driveways, buildings, view and solar access, identify all improvements or landscaping to be located in the area after the trees are removed.
- Replanting areas and legend if applicable.
- A separate key in table format that provides:
  - The identification number of each tree,
  - Type of each tree;
  - Diameter at breast height (at 4.5 feet above the ground) of each tree;
  - Each tree's canopy diameter or square footage, and
  - Each tree to be removed or to be relocated must be identified
- If trees are to be relocated, the following should also be depicted: (a) Current location of each tree to be relocated  
(b) Proposed location of each relocated tree

**NARRATIVE:** The narrative must confirm that:

- With the proposed tree removal, less than 40 percent of the volume of trees over 6" diameter at 4.5 feet above the ground were removed in the last 10 years, that the remaining tree stocking levels will meet SJCC 18.35.130 and the remaining forest will have trees of all ages (including small trees) that are well distributed across the Tree Protection Zones that extend 110 feet from the OHWM; and
- If trees are to be removed because they present a danger to an approved development, a Certified Arborist's assessment of the tree(s) and the risk it/they present to the existing approved development is required.

**HAZARD TREE WORKSHEET:** Required if hazard trees are proposed to be removed.

**PHOTOGRAPHS:** Tree numbers identified on photographs must match the site plan tree numbers. Pictures shall be submitted that clearly:

- Show existing conditions,
- The distance from the existing target (structure) and the trees to be removed, and
- Identify the trees by number if more than one tree is to be removed.

# Shoreline Tree Removal Site Plan Example

Not to scale

Date \_\_\_\_\_

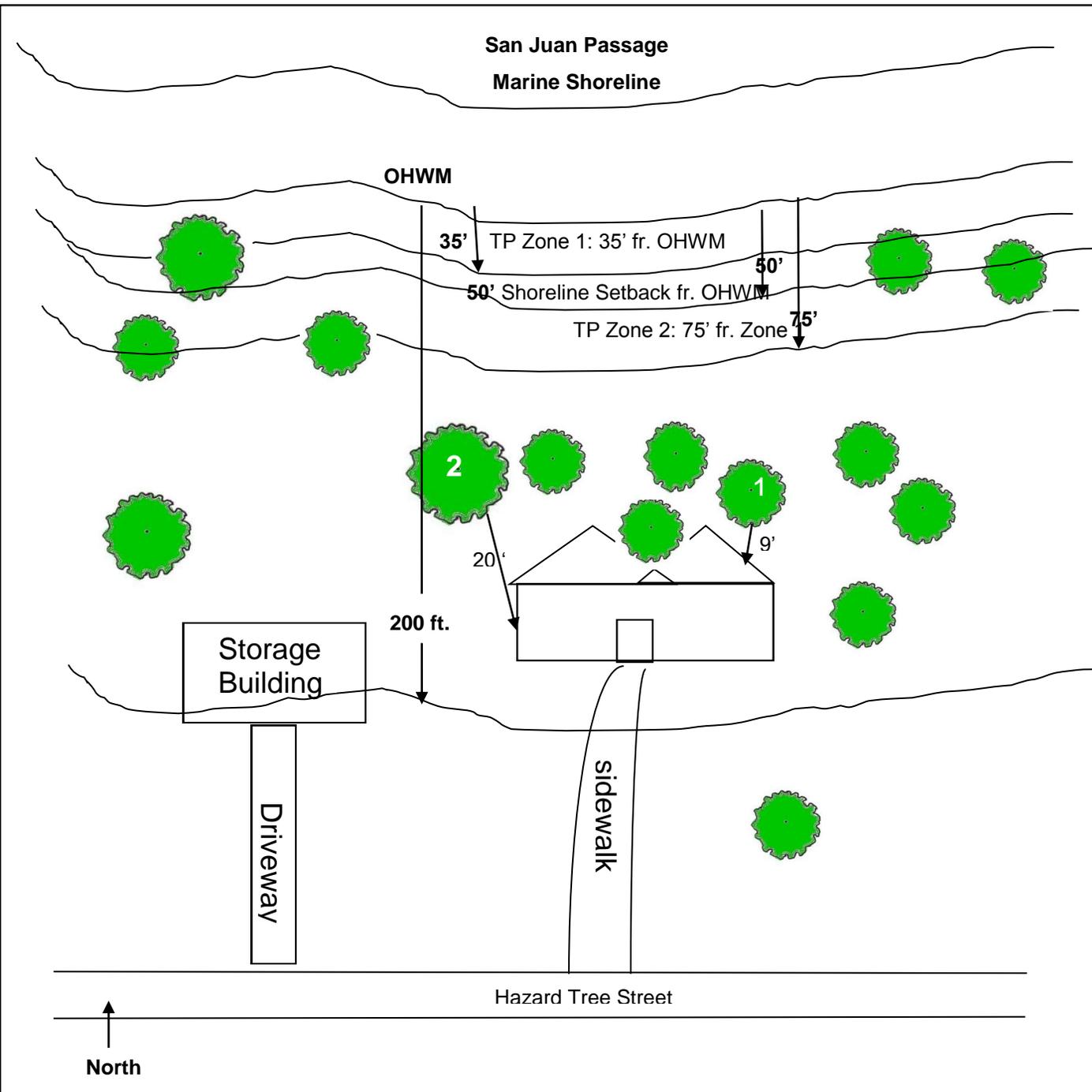
Arborist: \_\_\_\_\_

Signature: \_\_\_\_\_

Arborist license# \_\_\_\_\_

**Notes:** FWHCA water quality buffer 75 feet from OHWM is not shown: no tree removal is proposed in that area.

TP Zone = Tree Protection Zone



## Trees to be Removed

Tree No.	Diameter at 4.5' off ground	Canopy	Tree Type/Species
1.	18"	45' d	Fir
2.	28'	60' d	Pine
3.	9'	30' d	Pine
4.			
5.			

Scale: 1" = 50 feet



San Juan County

## COMMUNITY DEVELOPMENT & PLANNING

### Hazard Tree Evaluation Form

Please submit a completed copy of this form for each hazard tree proposed for removal.

A "Hazard tree" is a tree that a **certified arborist** has determined has: (1) a high probability of falling due to a debilitating disease or a structural defect; and (2) potential for significant property damage or personal injury if it falls.

#### TREE CHARACTERISTICS

Tree#: \_\_\_\_\_ Species: \_\_\_\_\_

Diameter at Breast Height: \_\_\_\_\_ No. of Trunks: \_\_\_\_\_ Height: \_\_\_\_\_ Spread: \_\_\_\_\_

Form:  generally symmetric  minor asymmetry  major asymmetry  stump sprout  stag-headed

Crown class:  dominant  co-dominant  intermediate  suppressed

Live/crown ratio: \_\_\_\_\_% Age class:  young  semi-mature  mature  over-mature/senescent

Pruning history:  crown cleaned  excessively thinned  topped  crown raised  pollarded  crown reduced  
 flush cuts  cabled/braced  none  multiple pruning events **Approx. dates:** \_\_\_\_\_

Special:  specimen  heritage/hist.  wildlife  unusual  street  screen  shade  indigenous  protected

#### TREE HEALTH

Foliage color:  normal  chlorotic  necrotic **Epicormics?** Y N

Foliage density:  normal  sparse Leaf size:  normal  small

Annual shoot growth:  excellent  average  poor **TWIG Dieback?** Y N

Woundwood develop.:  excellent  average  poor  none

Vigor class:  excellent  average  fair  poor

Growth obstructions:  stakes  wire/ties  signs  cables  curb/pavement  guards  other \_\_\_\_\_

Major pests/disease(s): \_\_\_\_\_

#### SITE CONDITIONS

Site character:  residence  commercial  industrial  park  open space  natural  woodland/forest

Landscape type:  parkway  raised bed  container  mound  lawn  shrub border  windbreak

Recent site disturbance? Y N  construction  soil disturbance  grade change  line clearing  site clearing

Soil problems:  drainage  shallow  compacted  droughty  saline  alkaline  acidic  small volume

disease center  history of failure  clay  expansive  slope \_\_\_\_\_% **Aspect:** \_\_\_\_\_

Obstructions:  lights  signage  line of sight  view  overhead lines  underground utilities  traffic

adjacent veg.  other \_\_\_\_\_

Exposure to wind:  single tree  below canopy  above canopy  recently exposed  windward canopy edge

area prone to windthrow **Prevailing wind direction:** \_\_\_\_\_ **Occurrence of snow/ice storms:** \_\_\_\_\_

#### DAMAGE OR INJURY POTENTIAL

Use/structure under tree:  building  parking  traffic  pedestrian  recreation  landscape  hardscape

small features  utility lines  landscape

Can use/structure be moved? Y N **Can use/structure be restricted?** Y N

Occupancy:  occasional use  intermittent use  frequent use  constant use

**ROOT DEFECTS**

Suspect root rot: Y N Mushroom/conk/bracket present: Y N ID: \_\_\_\_\_  
 Exposed roots:  severe  moderate  low Undermined:  severe  moderate  low  
 Root pruned: \_\_\_\_\_ distance from trunk Root area affected: \_\_\_\_\_% Buttress wounded: Y N When: \_\_\_\_\_  
 Restricted root area:  severe  moderate  low Potential for root failure:  severe  moderate  low  
 LEAN: \_\_\_\_\_deg. From vertical  natural  unnatural  self-corrected Soil heaving: Y N  
 Decay in plane of lean: Y N Roots broken: Y N Soil cracking: Y N  
 Compounding factors: \_\_\_\_\_ Lean severity:  severe  moderate  low

**CROWN DEFECTS**

Indicate presence of individual defects and rate their severity (s = severe, m = moderate, l = low)

CROWN DEFECT	ROOT CROWN	TRUNK	SCAFFOLDS	BRANCHES
Poor taper				
Bow, sweep				
Co-dominants/forks				
Multiple attachments				
Included bark				
Excessive end weight				
Cracks/splits				
Hangers				
Girdling				
Wounds/seam				
Decay				
Cavity				
Conks/mushrooms/bracket				
Bleeding/sap flow				
Loose/cracked bark				
Nesting hole/bee hive				
Deadwood/stubs				
<b>Borers/termites/ants</b>				
<b>Cankers/galls/burls</b>				
<b>Previous failure</b>				

COMMENTS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Form Completed By: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ License #: \_\_\_\_\_

### Agent Authorization

We the undersigned hereby authorize \_\_\_\_\_ to  
*Printed name of agent*  
act as our agent, and authorize them to apply for \_\_\_\_\_  
*Type of permit*

For the following parcel(s) of land:

\_\_\_\_\_  
*Parcel numbers*

### Signature of all property owners:

\_\_\_\_\_  
*Property owner signature*

\_\_\_\_\_  
*Property owner name (printed)*

STATE OF WASHINGTON  
COUNTY OF \_\_\_\_\_

On this day personally appeared before me \_\_\_\_\_, 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 herein mentioned.

Given under my hand and seal of office this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public residing at \_\_\_\_\_

Printed Name: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

Signature of all property owners of parcel number \_\_\_\_\_:

\_\_\_\_\_  
*Property owner signature*

\_\_\_\_\_  
*Property owner name (printed)*

STATE OF WASHINGTON  
COUNTY OF \_\_\_\_\_

On this day personally appeared before me \_\_\_\_\_, 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 herein mentioned.

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\_\_\_\_\_  
Notary Public residing at \_\_\_\_\_

Printed Name: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

Signature of all property owners of parcel number \_\_\_\_\_:

\_\_\_\_\_  
*Property owner signature*

\_\_\_\_\_  
*Property owner name (printed)*

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COUNTY OF \_\_\_\_\_

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