



Instructions

Arborist Verification of Dead Tree

County of Ventura • Resource Management Agency • Planning Division
 800 S. Victoria Ave., Ventura, CA 93009 • (805)654-2488 •
www.ventura.org/rma/planning/Permits/tree.html

Oak, sycamore and other trees over a certain size are protected by Ventura County and subject to the requirements of the Ventura County Tree Protection Ordinance. Other than minor pruning, the removal, alteration or encroachment into the tree protection zone (TPZ) of a (living or dead) protected tree requires the approval of the Ventura County Planning Division.

Before the Planning Division will approve a request to alter or remove protected trees, a technical evaluation from a qualified arborist must be submitted (in most cases). These technical evaluations can either be in the form of an Arborist Verification or an Arborist Report. An Arborist Verification provides basic, targeted information on a County form. An Arborist Report provides more comprehensive information that adheres to the County's content requirements. For most ministerial tree permits and authorization letters, an Arborist Verification is required. For discretionary tree permits, an Arborist Report is required.

Dead Tree Removal. Before a dead protected tree may be removed from a property, the Planning Division must receive proof that the tree is dead. The Arborist Verification serves that purpose and if the death was not from natural causes it provides information on why the tree died. *Dead trees, whether left standing or lying on the ground, provide important habitat functions. If a dead tree poses no hazard or visual impacts, residents are encouraged to not remove dead trees, especially in more rural settings.*

The only required documentation for approval of dead tree removal is the Arborist Verification, which must include photos and a simple site sketch. Photos alone, without an Arborist Verification, may suffice if the photos clearly demonstrate, to the satisfaction of the Planning Director, that the tree is dead. If photos prove inadequate, an Arborist Verification will be requested. An Authorization Letter is issued by the County if approved.

Required Content. Arborist Verifications include the completed form (Cover Page and Tree Evaluation) and the following:

- **Photos.** 1 to 4 color photos per affected tree or stand are required. The photos should be taken from different vantage points, clearly illustrate the reason for the request, and help locate the tree relative to nearby landmarks. Prints must be a minimum of 4" x 6." Digital files are requested.
- **Site Sketch or Plan.** A simple site sketch prepared by the arborist must be included.
- **Tree Protection Fencing Sketch or Plan.** The arborist must indicate on the site sketch any remaining trees that require tree protection fencing, and where that fencing should be located.

Arborist Qualifications. Arborist Verifications must be prepared by an arborist certified by the International Society of Arboriculture (ISA) or a related professional, such as a landscape architect, with qualifying education, knowledge and experience, as determined by the Planning Director.

Prior to hiring an arborist, it is recommended that the applicant contact the Planning Division to determine the specific type of Arborist Verification required.

Arborist Verifications that provide inadequate information will be returned as INCOMPLETE.

For more information on the Tree Protection Ordinance including the County's list of protected trees, go to www.ventura.org/rma/planning/Permits/tree.html.



Cover Page

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STAFF USE	Case # _____
Date Received: _____	Received By: _____
# of Color Photos Rec'd (1 per tree min.) _____	<input type="checkbox"/> Proposed <input type="checkbox"/> After-the-fact
<input type="checkbox"/> Site Sketch Rec'd (required)	<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> No action

of Trees Evaluated _____

Reason for Request _____

PROPERTY WHERE WORK WILL BE PERFORMED/OWNER

Site Address _____ Parcel (APN) # _____

Owner of Property/Easement Where Work will be Performed _____

Phone # (____) _____ Email _____

Mailing Address _____ City _____ State _____ Zip _____

REQUESTED BY (if different than owner)

Name _____

Phone # (____) _____ Email _____

Mailing Address _____ City _____ State _____ Zip _____

Relationship to Owner _____

ARBORIST

Name _____ Certification # (ISA or related) _____

Phone # (____) _____ Email _____

Mailing Address _____ City _____ State _____ Zip _____

SIGNATURE

I am the property or easement owner where the proposed work will be performed or am authorized and empowered to act as an agent on behalf of the owner on all matters related to this request of the Ventura County Planning Division for a land use entitlement or tree permit. I understand that the opinions of the arborist in this Arborist Verification are based solely on visual records at the time of inspection. This visual record does not include aerial or subterranean inspections, and therefore may not reveal existing hidden hazards. This Arborist Verification does not substitute for a complete tree inspection by a qualified arborist.

Owner Signature _____ Print Name _____

Relationship to Owner (if other than) _____ Date _____

Tree Evaluation

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Arborist should complete one evaluation per tree; however if Section B info is the same for a stand of trees, one evaluation may be used for all, with only Section A repeated for the individual trees. Alternate formats for large numbers of trees may be acceptable.

Inspection Date _____

Section A

Tree # _____ Tagged: Y N Species _____

of Trunks _____ Girth _____ Height _____ Canopy Spread _____

Tree health: A (Excellent) / B (Average) / C (Fair) / D (Poor) / F (Dead/dying)

Section B

Tree location: (include distance from a fixed landmark) _____

Describe condition of the protected zone (e.g., natural grasses, steep terrain, existing roadway or structure, utility lines, drainage swales, evidence of grade changes, fire damage, etc.) _____

Likely cause (natural or cultural) of the tree's death (e.g., old age, natural pest infestation, over irrigation, drought, root disturbance.) _____

The Tree Protection Zone (TPZ) of other protected trees will be impacted by the removal of the dead tree.

Describe any appropriate tree protection measures other than or different from those in the *Performance Standards for Tree Permits*. _____

Spread of disease or insects from this tree is a concern.

Provide an explanation and recommendations (such as for debris disposal) _____

Tree Environment Remediation (for care of potentially affected remaining trees)

- | | |
|----------------------------------------------------------|-------------------------------------------------------------|
| <input type="checkbox"/> None | <input type="checkbox"/> Treat pests _____ |
| <input type="checkbox"/> Irrigate less / more | <input type="checkbox"/> Cable/pin/support _____ |
| <input type="checkbox"/> Keep water away from tree trunk | <input type="checkbox"/> Remove/replace nursery stake _____ |
| <input type="checkbox"/> Remove TPZ soil/debris | <input type="checkbox"/> Other _____ |

Other observations _____

Arborist Signature: _____ Date: _____