

	<p>City Of Gearhart Planning Department 698 Pacific Way Gearhart, OR. 97138 (503)738-5501 planning@cityofgearhart.com</p>
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Major Tree Cutting Permit Application

File #: 24.02 DATE: 3.25.2024

SECTION 6.070 GEARHART ZONING CODE

DEFINITION:

"Tree" is any coniferous tree greater than twelve (12) inches in diameter as measured four and one half (4-1/2) feet above the existing grade.

REQUIREMENT:

Any person removing six (6) or more defined trees within a twelve (12) month period shall obtain a permit from the Gearhart Planning Commission prior to removal.

CRITERIA: The granting of a tree removal permit shall be based on a finding that at least one (1) of the following criteria is met:

1. Necessity to remove trees which pose a safety hazard.
2. Necessity to remove trees which are diseased. Evidence of disease shall be provided by a qualified forester or arborist.
3. Necessity to remove trees in order to construct proposed improvements, including the placement of structures and on-site sewage disposal facilities, access ways, utilities, need to make essential grade changes and other authorized activities.
4. Solar access and the -need to remove trees which deposit needles and other debris on rooftops.

Applicant Information:

Full Name: Jenny and Don Frank
 Mailing Address: PO Box 2641
 City: Gearhart State: OR ZIP Code: 97138
 Phone Number: 503.738.5118 Email: don@donfrankphotography.com

Property Information:

Property Owner's Name: Jenny and Don Frank
 Mailing Address (if different from above): _____
 City: _____ State: _____ ZIP Code: _____
 Property Address (where tree cutting will occur): 988 Summit Ave
 City: Gearhart State: OR ZIP Code: 97138

Certified Arborist or Qualified Forester: Balden Arboriculture Services

Tree Cutting Details:

1. Number of Trees to be Cut: 5
2. Location of Trees to be Cut (provide details or map attachment): _____
East Side of Property on Summit Ave
3. Are these trees located in the wetlands, Fresh Water, or riparian overlay zones:
 Yes No
3. Reason for Tree Cutting (please check one or provide details):
 Hazardous/diseased trees
 Construction/development
 Landscaping
 Other (please specify): _____
4. Proposed Date(s) of Tree Cutting: TBD
5. Method of Tree Removal (please check one):
 Professional Tree Service Company
 Property Owner's Equipment
 Other (please specify): _____
6. How will you mitigate the removal of trees? _____
Plant 5-10 trees on our property.

Attachments (please include):

- Site map indicating tree locations and dimensions
- Proof of property ownership
- Arborist's report (if applicable)
- Any additional supporting documentation

I hereby certify that the information provided in this application is accurate and complete to the best of my knowledge. I understand that any tree-cutting activities are subject to approval and must adhere to local regulations.

Applicant's Signature: Don Frank Date: 25 March 2024

[For Official Use Only]

Permit Approval Status:

- Moved to Approved -Tree Removal Authorized Per Section 6.070 Exceptions
- Moved to Denied
- Moved to continue the hearing to certain date - Additional Information Required

Reason for Denial/Additional Information Required:

Approving Authority's Signature: _____ Date: _____
(Chad Sweet, City of Gearhart Administrator)

For Further Inquiries:

If you have any questions or need additional information, please don't hesitate to contact the planning department. planning@cityofgearhart.com