



PLANNING DIVISION
COMMUNITY DEVELOPMENT DEPARTMENT
1505 Tiburon Boulevard, Tiburon, CA 94920
Phone (415) 435-7390 FAX (415) 435-2438
www.townoftiburon.org

TREE PERMIT APPLICATION

Address: _____

Assessor's Parcel Number: _____ Zoning: _____

Number of trees to be removed: _____

Species of trees: _____

Size of trees (circumference in inches as measured two feet above ground level):

Reasons for trees to be removed or altered: _____

(Attach a completed **Land Development Application Form** and site plan along with separate sheets as necessary)

Office Use Only

File Number: _____

Date Received: _____



TOWN OF TIBURON LAND DEVELOPMENT APPLICATION

TYPE OF APPLICATION

- | | | |
|---|--|--|
| <input type="checkbox"/> Conditional Use Permit | <input type="checkbox"/> Design Review (DRB) | <input type="checkbox"/> Tentative Subdivision Map |
| <input type="checkbox"/> Precise Development Plan | <input type="checkbox"/> Design Review (Staff Level) | <input type="checkbox"/> Final Subdivision Map |
| <input type="checkbox"/> Secondary Dwelling Unit | <input type="checkbox"/> Variance(s) _____ # | <input type="checkbox"/> Parcel Map |
| <input type="checkbox"/> Zoning Text Amendment | <input type="checkbox"/> Floor Area Exception | <input type="checkbox"/> Lot Line Adjustment |
| <input type="checkbox"/> Rezoning or Prezoning | <input type="checkbox"/> Tidelands Permit | <input type="checkbox"/> Condominium Use Permit |
| <input type="checkbox"/> General Plan Amendment | <input type="checkbox"/> Sign Permit | <input type="checkbox"/> Seasonal Rental Unit Permit |
| <input type="checkbox"/> Temporary Use Permit | <input type="checkbox"/> Tree Permit | <input type="checkbox"/> Other _____ |

APPLICANT REQUIRED INFORMATION

SITE ADDRESS: _____ **PROPERTY SIZE:** _____
PARCEL NUMBER: _____ **ZONING:** _____

PROPERTY OWNER: _____
MAILING ADDRESS: _____

PHONE/FAX NUMBER: _____ **E-MAIL:** _____

APPLICANT (Other than Property Owner): _____
MAILING ADDRESS: _____

PHONE/FAX NUMBER: _____ **E-MAIL:** _____

ARCHITECT/DESIGNER/ENGINEER _____
MAILING ADDRESS: _____

PHONE/FAX NUMBER: _____ **E-MAIL:** _____

Please indicate with an asterisk () persons to whom Town correspondence should be sent.*

BRIEF DESCRIPTION OF PROPOSED PROJECT (attach separate sheet if needed):

I, the undersigned owner (or authorized agent) of the property herein described, hereby make application for approval of the plans submitted and made a part of this application in accordance with the provisions of the Town Municipal Code, and I hereby certify that the information given is true and correct to the best of my knowledge and belief.

I understand that the requested approval is for my benefit (or that of my principal). Therefore, if the Town grants the approval, with or without conditions, and that action is challenged by a third party, I will be responsible for defending against this challenge, with the defense counsel subject to the Town's approval. I therefore agree to accept this responsibility for defense at the request of the Town and also agree to defend, indemnify and hold the Town harmless from any costs, claims or liabilities arising from the approval, including, without limitation, any award of attorney's fees that might result from the third party challenge.

Signature:* _____ Date: _____

The property involving this permit request may be subject to deed restrictions called Covenants, Conditions and Restrictions (CC&Rs), which may restrict the property's use and development. These deed restrictions are private agreements and are NOT enforced by the Town of Tiburon. Consequently, development standards specified in such restrictions are NOT considered by the Town when granting permits.

You are advised to determine if the property is subject to deed restrictions and, if so, contact the appropriate homeowners association and adjacent neighbors about your project prior to proceeding with construction. Following this procedure will minimize the potential for disagreement among neighbors and possible litigation.

Signature:* _____ Date: _____

**If other than owner, must have an authorization letter from the owner or evidence of de facto control of the property or premises for purposes of filing this application*

NOTICE TO APPLICANTS

Pursuant to California Government Code Section 65945, applicants may request to receive notice from the Town of Tiburon of any general (non-parcel-specific), proposals to adopt or amend the General Plan, Zoning Ordinance, Specific Plans, or an ordinance affecting building or grading permits.

If you wish to receive such notice, then you may make a written request to the Director of Community Development to be included on a mailing list for such purposes, and must specify which types of proposals you wish to receive notice upon. The written request must also specify the length of time you wish to receive such notices (s), and you must provide to the Town a supply of stamped, self-addressed envelopes to facilitate notification. Applicants shall be responsible for maintaining the supply of such envelopes to the Town for the duration of the time period requested for receiving such notices.

The notice will also provide the status of the proposal and the date of any public hearings thereon which have been set. The Town will determine whether a proposal is reasonably related to your pending application, and send the notice on that basis. Such notice shall be updated at least every six weeks unless there is no change to the contents of the notice that would reasonably affect your application. Requests should be mailed to:

**Town of Tiburon
Community Development Department
Planning Division
1505 Tiburon Boulevard
Tiburon, CA 94920
(415) 435-7390 (Tel) (415) 435-2438(Fax)
www.townoftiburon.org
DO NOT WRITE BELOW THIS LINE**

DEPARTMENTAL PROCESSING INFORMATION

Application No.:	GP Designation:	Fee Deposit:
Date Received:	Received By:	Receipt #:
Date Deemed Complete:		By:
Acting Body:	Action:	Date:
Conditions of Approval or Comments:	_____	Resolution or Ordinance # _____