



Mail
 PO Box 5310
 Stateline, NV 89449-5310

Location
 128 Market Street
 Stateline, NV 89449

Contact
 Phone: 775-588-4547
 Fax: 775-588-4527
 www.trpa.gov

TREE REMOVAL APPLICATION

Please review [TRPA Code of Ordinances](#) section 61.1 to determine if a tree removal application and permit is required. Information on tree removal and defensible space is also available [online](#).

Applications to TRPA can be submitted online through [Accela Citizen Access](#). An application filing fee must be submitted with this application. Payment acceptable by cash, check or card.

For assistance submitting an application, please call 775-589-5333 or visit the TRPA front lobby.

Owner _____

Mailing Address _____ City _____ State _____

Zip Code _____ Email _____ Phone _____

Representative or Agent _____

Mailing Address _____ City _____ State _____

Zip Code _____ Email _____ Phone _____

Project Location/Assessor's Parcel Number (APN): _____

Street Address _____

County _____ Previous APN(s) _____

Property Access/Restriction Information (gates, dogs, etc.) Yes No

If yes, describe: _____

Reason(s) for tree removal (check all that apply):

Thinning/Forest Health Diseased Insect Infestation Defensible Space Safety Hazard

Check one of the options below:

Evaluate all trees on the property.

Property corners must be clearly marked. Describe the property boundaries:

Evaluate specific tree(s).

Describe the location of the trees or draw a sketch below:

Application Continues on Next Page

SIGNATURES

DECLARATION

I hereby declare under penalty of perjury that this application and all information submitted as part of this application is true and accurate to the best of my knowledge. I am the owner of the subject property or have been authorized in writing by the owner(s) of the subject property to represent this application, and I have obtained authorization to submit this application from any other necessary parties holding an interest in the subject property. I understand it is my obligation to obtain such authorization, and I further understand that TRPA accepts no responsibility for informing these parties or obtaining their authorization. By submitting this application, I agree to all TRPA regulations regarding Project Review as stated in Article 5 of the TRPA Rules of Procedure and other TRPA regulatory documents, including the TRPA application fee refund policy. I acknowledge that once the application is submitted, if I withdraw it for any reason, I will not be entitled to a full refund, and the amount of any refund will be determined by TRPA.

I understand that should any information or representation submitted in connection with this application be inaccurate, erroneous, or incomplete, TRPA may rescind any approval or take other appropriate action. I hereby authorize TRPA to access the property for the purpose of site visits. I understand that additional information may be required by TRPA to review this project.

Signature:

_____ At _____ Date: _____
Owner or Person Preparing Declaration Form **County**

AUTHORIZATION FOR REPRESENTATION

Complete this section only if an agent or consultant is submitting this application on behalf of the property owner.

The following person(s) own the subject property (**Assessor's Parcel Number(s)** _____) or have sufficient interest therein (such as a power of attorney) to make application to TRPA:

Print Owner(s) Name(s): _____

I/We authorize _____ to act as my/our representative in connection with this application to TRPA for the subject property and agree to be bound by said representative. I understand that additional information may be required by TRPA beyond that submitted by my representative, to review this project. Any cancellation of this authorization shall not be effective until receipt of written notification of same by TRPA. I also understand that should any information or representation submitted in connection with this application be incorrect or untrue, TRPA may rescind any approval or take other appropriate action. I further accept that if this project is approved, I, as the permittee, will be held responsible for any and all permit conditions.

Owner(s) Signature(s):

_____ Date: _____

_____ Date: _____