



Mail
PO Box 5310
Stateline, NV 89449-5310

Location
128 Market Street
Stateline, NV 89449

Contact
Phone: 775-588-4547
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www.trpa.org

TREE REMOVAL APPLICATION

PLEASE REVIEW CHAPTER 61.1 OF THE TRPA [CODE OF ORDINANCES](#) TO DETERMINE IF A TREE REMOVAL PERMIT IS REQUIRED.

An Application Filing Fee Must Be Submitted With This Application
(Payment acceptable by Cash, Check or Card)

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 (if any) _____

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

Reason(s): Thinning/Forest Health Diseased Insect Infestation Defensible Space Safety Hazard

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 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. 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 Application 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: _____

FOR OFFICE USE ONLY

File Number: _____
Date Received: _____ Received By: _____
Filing Fee: \$ _____ Receipt No.: _____