

STATE OF CALIFORNIA • DEPARTMENT OF TRANSPORTATION
ENCROACHMENT PERMIT TREE REMOVAL REQUEST

TR-0168 (REV. 4/2022)

The applicant uses this form to request the removal of trees located in the Caltrans State highway right-of-way in accordance with the tree removal guidance in the Encroachment Permits Manual Section 506.3D. The applicant or authorized agent completes this portion of the tree removal request. At least one legible photograph must be submitted for each tree that is requested to be removed.

TO: CALTRANS DISTRICT LANDSCAPE SPECIALIST	DATE
FROM: NAME OF APPLICANT OR AUTHORIZED AGENT	PERMIT NUMBER

Please fill out the table below. Please use attachment A for additional trees, if more than four (4) trees are requested to be removed within the same permit. Alternatively, same information in the same format can be provided as attachments to this form using other means such as excel spreadsheet.

TREE NUMBER*:	NO. ____	NO. ____	NO. ____	NO. ____
LOCATION - COUNTY:				
LOCATION - ROUTE:				
LOCATION - POSTMILE:				
LOCATION - LAT/LONG:				
LOCAL ADDRESS:				
PHYSICAL LOCATION**:				
IS THIS TREE ON A DESIGNATED/ELIGIBLE SCENIC HIGHWAY? ***	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
DOES THIS TREE PROVIDE WILDLIFE HABITAT AND REQUIRE BIOLOGICAL STUDIES?	<input type="checkbox"/> YES. STUDIES SUBMITTED FOR REVIEW <input type="checkbox"/> NO. NO WILDLIFE ON THIS TREE	<input type="checkbox"/> YES. STUDIES SUBMITTED FOR REVIEW <input type="checkbox"/> NO. NO WILDLIFE ON THIS TREE	<input type="checkbox"/> YES. STUDIES SUBMITTED FOR REVIEW <input type="checkbox"/> NO. NO WILDLIFE ON THIS TREE	<input type="checkbox"/> YES. STUDIES SUBMITTED FOR REVIEW <input type="checkbox"/> NO. NO WILDLIFE ON THIS TREE
DESCRIPTION OF TREE - DIAMETER:				
DESCRIPTION OF TREE - COMMON NAME:				
DESCRIPTION OF TREE - SPECIES:				
DESCRIPTION OF TREE - GENERAL CONDITION:				

* A number shall be assigned to each tree that is requested to be removed. Attach a photograph of each tree to be removed, marked with the tree number and arrows or "X". Please use attachment A to extend the table contents if the number of trees exceeds four (4).

**Describe the physical location in relation to the roadway (median, shoulder, right-of-way line, etc.)

***Local agency approval must be obtained prior to submitting permit application.

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REASON FOR REMOVAL REQUEST (SELECT A REASON FOR EACH THREE AND PROVIDE EXPLANATIONS)	<input type="checkbox"/> MUTUALLY AGREED POTENTIAL HAZARD <input type="checkbox"/> POOR HEALTH <input type="checkbox"/> LOW SPECIES VALUE <input type="checkbox"/> SEVERE STRUCTURAL DEFECT	<input type="checkbox"/> MUTUALLY AGREED POTENTIAL HAZARD <input type="checkbox"/> POOR HEALTH <input type="checkbox"/> LOW SPECIES VALUE <input type="checkbox"/> SEVERE STRUCTURAL DEFECT	<input type="checkbox"/> MUTUALLY AGREED POTENTIAL HAZARD <input type="checkbox"/> POOR HEALTH <input type="checkbox"/> LOW SPECIES VALUE <input type="checkbox"/> SEVERE STRUCTURAL DEFECT	<input type="checkbox"/> MUTUALLY AGREED POTENTIAL HAZARD <input type="checkbox"/> POOR HEALTH <input type="checkbox"/> LOW SPECIES VALUE <input type="checkbox"/> SEVERE STRUCTURAL DEFECT
EXPLAIN (Please reference the specific tree(s) along with additional justification. Attach a separate sheet if more space is needed.):				

APPLICANT OR AUTHORIZED AGENT	TITLE	
EMAIL ADDRESS	TELEPHONE NUMBER	DATE

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This portion of the tree request form is to be completed by the District Landscape Specialist. This form is used to document the approval of the tree(s) removal request and to verify that the removal was authorized in accordance with the tree removal guidance in the Encroachment Permits Manual Section 506.3D. Only trees which do not require replacement, compensation or mitigation planting may be authorized for removal by the Caltrans District Landscape Specialist. A copy of the request must be forwarded to the District Landscape Architect.

A tree removal request cannot be approved by the District Landscape Specialist if a "YES" answer is given to any of the following questions. If a "YES" answer is given for any of the following questions, then the request shall be forwarded to the District Landscape Architect for review.

1. Does the tree(s) provide a highway screen for adjacent development? YES NO

If "YES", identify the tree number(s) and explain: _____

2. Does the tree(s) provide wildlife habitat? YES NO

If "YES", identify the tree number(s) and explain: _____

3. Does the tree(s) provide any other important landscape function? YES NO

If "YES", identify the tree number(s) and explain: _____

Only trees that are mutually agreed potential hazard, in poor health, low species value, or severe structural defected may be authorized for removal by the District Landscape Specialist

The tree(s) requested to be removed are approved: YES NO

If "NO", identify the tree number(s) and explain: _____

DISTRICT LANDSCAPE SPECIALIST

EMAIL ADDRESS

TELEPHONE NUMBER

DATE

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Attachment A - Please use this sheet for additional trees, if more than four (4) trees are requested to be removed within the same permit. Alternatively, same information in the same format can be provided as attachments using other means such as excel spreadsheet.

TREE NUMBER*:	NO. ____	NO. ____	NO. ____	NO. ____
LOCATION - COUNTY:				
LOCATION - ROUTE:				
LOCATION - POSTMILE:				
LOCATION - LAT/LONG:				
LOCAL ADDRESS:				
PHYSICAL LOCATION**:				
IS THIS TREE ON A DESIGNATED/ELIGIBLE SCENIC HIGHWAY? ***	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
DOES THIS TREE PROVIDE WILDLIFE HABITAT AND REQUIRE BIOLOGICAL STUDIES?	<input type="checkbox"/> YES. STUDIES SUBMITTED FOR REVIEW <input type="checkbox"/> NO. NO WILDLIFE ON THIS TREE	<input type="checkbox"/> YES. STUDIES SUBMITTED FOR REVIEW <input type="checkbox"/> NO. NO WILDLIFE ON THIS TREE	<input type="checkbox"/> YES. STUDIES SUBMITTED FOR REVIEW <input type="checkbox"/> NO. NO WILDLIFE ON THIS TREE	<input type="checkbox"/> YES. STUDIES SUBMITTED FOR REVIEW <input type="checkbox"/> NO. NO WILDLIFE ON THIS TREE
DESCRIPTION OF TREE - DIAMETER:				
DESCRIPTION OF TREE - COMMON NAME:				
DESCRIPTION OF TREE - SPECIES:				
DESCRIPTION OF TREE - GENERAL CONDITION:				
REASON FOR REMOVAL REQUEST (SELECT A REASON FOR EACH TREE AND PROVIDE EXPLANATIONS)	<input type="checkbox"/> MUTUALLY AGREED POTENTIAL HAZARD <input type="checkbox"/> POOR HEALTH <input type="checkbox"/> LOW SPECIES VALUE <input type="checkbox"/> SEVERE STRUCTURAL DEFECT	<input type="checkbox"/> MUTUALLY AGREED POTENTIAL HAZARD <input type="checkbox"/> POOR HEALTH <input type="checkbox"/> LOW SPECIES VALUE <input type="checkbox"/> SEVERE STRUCTURAL DEFECT	<input type="checkbox"/> MUTUALLY AGREED POTENTIAL HAZARD <input type="checkbox"/> POOR HEALTH <input type="checkbox"/> LOW SPECIES VALUE <input type="checkbox"/> SEVERE STRUCTURAL DEFECT	<input type="checkbox"/> MUTUALLY AGREED POTENTIAL HAZARD <input type="checkbox"/> POOR HEALTH <input type="checkbox"/> LOW SPECIES VALUE <input type="checkbox"/> SEVERE STRUCTURAL DEFECT
EXPLAIN (Please reference the specific tree(s) along with additional justification. Attach a separate sheet if more space is needed.):				