



## Instructions

# Arborist Verification of Tree Status

County of Ventura • Resource Management Agency • Planning Division  
 800 S. Victoria Ave., Ventura, CA 93009 • (805)654-2488 •  
[www.ventura.org/rma/planning/Permits/tree.html](http://www.ventura.org/rma/planning/Permits/tree.html)

Oak, sycamore and other trees over a certain size are protected by Ventura County and subject to the requirements of the Ventura County Tree Protection Ordinance. Other than minor pruning, the removal, alteration or encroachment into the tree protection zone (TPZ) of a (living or dead) protected tree requires the approval of the Ventura County Planning Division.

Before the Planning Division will approve a request to alter or remove protected trees, a technical evaluation from a qualified arborist must be submitted (in most cases). These technical evaluations can either be in the form of an Arborist Verification or an Arborist Report. An Arborist Verification provides basic, targeted information on a County form. An Arborist Report provides more comprehensive information that adheres to the County's content requirements. For most ministerial tree permits and authorization letters, an Arborist Verification is required. For discretionary tree permits, an Arborist Report is required.

**Tree Status.** An Arborist Verification of Tree Status is used to confirm the general status of a protected tree. The County's Tree Protection Ordinance allows for the removal or alteration of a protected tree if it denies reasonable access to a property or reasonable use of a property. (Note that this does not include the removal of trees to improve views.) An Arborist Verification in these cases is used to ascertain whether tree modifications might alleviate potential conflicts with a proposed development, or to confirm that tree removal is warranted when a tree will clearly not survive a proposed development.

To remove or alter a protected tree for reasonable use of or access to property requires approval of a ministerial tree permit (if for less than 4 oaks or sycamores, and less than 6 trees total). The application for this permit requires submittal of an Arborist Verification of Tree Status.

**Required Content.** Arborist Verifications include the completed form (Cover Page and Tree Evaluation) and the following:

- **Photos.** 1 to 4 color photos per affected tree or stand are required. The photos should be taken from different vantage points, clearly illustrate the reason for the request, and help locate the tree relative to nearby landmarks. Prints must be a minimum of 4" x 6." Digital files are requested.
- **Site Sketch or Plan.** A site sketch or plan is required as part of the ministerial tree permit application to remove or alter a tree for reasonable access to or use of property. The arborist must confirm that the tree information on that sketch or plan is accurate.
- **Tree Protection Fencing Sketch or Plan.** The arborist must indicate on the site sketch or plan any remaining trees that require tree protection fencing, and where that fencing should be located.

**Arborist Qualifications.** Arborist Verifications must be prepared by an arborist certified by the International Society of Arboriculture (ISA) or a related professional, such as a landscape architect, with qualifying education, knowledge and experience, as determined by the Planning Director.

***Prior to hiring an arborist, it is recommended that the applicant contact the Planning Division to determine the specific type of Arborist Verification required.***

***Arborist Verifications that provide inadequate information will be returned as INCOMPLETE.***

***For more information on the Tree Protection Ordinance including the County's list of protected trees, go to [www.ventura.org/rma/planning/Permits/tree.html](http://www.ventura.org/rma/planning/Permits/tree.html).***





**Cover Page**

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<b>STAFF USE</b>	Case # _____
Date Received: _____	Received By: _____
# of Color Photos Rec'd (1 per tree min.) _____	

# of Trees Evaluated \_\_\_\_\_

Reason for Request \_\_\_\_\_  
 \_\_\_\_\_

**PROPERTY WHERE WORK WILL BE PERFORMED/OWNER**

Site Address \_\_\_\_\_ Parcel (APN) # \_\_\_\_\_

Owner of Property/Easement Where Work will be Performed \_\_\_\_\_

Phone # (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**REQUESTED BY** (if different than owner)

Name \_\_\_\_\_

Phone # (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Relationship to Owner \_\_\_\_\_

**ARBORIST**

Name \_\_\_\_\_ Certification # (ISA or related) \_\_\_\_\_

Phone # (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**SIGNATURE**

I am the property or easement owner where the proposed work will be performed or am authorized and empowered to act as an agent on behalf of the owner on all matters related to this request of the Ventura County Planning Division for a land use entitlement or tree permit. I understand that the opinions of the arborist in this Arborist Verification are based solely on visual records at the time of inspection. This visual record does not include aerial or subterranean inspections, and therefore may not reveal existing hidden hazards. This Arborist Verification does not substitute for a complete tree inspection by a qualified arborist.

Owner Signature \_\_\_\_\_ Print Name \_\_\_\_\_

Relationship to Owner (if other than) \_\_\_\_\_ Date \_\_\_\_\_

## Tree Evaluation

### Arborist Verification of Tree Status

Arborist should complete one evaluation per tree; however if Section B info is the same for a stand of trees, one evaluation may be used for all, with only Section A repeated for the individual trees. Alternate formats for large numbers of trees may be acceptable.

Inspection Date \_\_\_\_\_

#### Section A

Tree # \_\_\_\_\_ Tagged: Y N Species \_\_\_\_\_

# of Trunks \_\_\_\_\_ Girth \_\_\_\_\_ Height \_\_\_\_\_ Canopy Spread \_\_\_\_\_ Heritage Tree: Y N

Tree health: A (Excellent) / B (Average) / C (Fair) / D (Poor) / F (Dead/dying)

#### Section B

Tree location: (include distance from a fixed landmark) \_\_\_\_\_

Describe condition of the protected zone (e.g., natural grasses, steep terrain, existing roadway or structure, utility lines, drainage swales, evidence of grade changes, fire damage, etc.) \_\_\_\_\_

Incompatibility with the tree can be alleviated through tree modifications. \_\_\_\_\_

Tree removal is warranted, as the tree will not survive the proposed land use/activity. \_\_\_\_\_

The Tree Protection Zone (TPZ) of other protected trees will be impacted by the proposed action.  
Describe appropriate tree protection measures other than or different from those in the *Performance Standards for Tree Permits*. \_\_\_\_\_

Spread of disease or insects from this tree is a concern.  
Provide an explanation and recommendations (such as for debris disposal) \_\_\_\_\_

## Tree Evaluation (cont.)

### Tree Environment Remediation (for care of potentially affected remaining trees)

- |  |   |
|--|---|
| <input type="checkbox"/> None                            | <input type="checkbox"/> Treat pests _____                  |
| <input type="checkbox"/> Irrigate less                   | <input type="checkbox"/> Cable/pin/support _____            |
| <input type="checkbox"/> Keep water away from tree trunk | <input type="checkbox"/> Remove/replace nursery stake _____ |
| <input type="checkbox"/> Remove TPZ soil/debris          | <input type="checkbox"/> Other _____                        |

Other observations \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Arborist Signature: \_\_\_\_\_ Date: \_\_\_\_\_