



Department of Public Works
Streets Division – Urban Forestry
Charlie Romines, Superintendent
1402 Wingra Creek Pkwy.
Madison, WI 53715
Phone: (608) 266-4816 | Fax: (608) 267-8696
streets@cityofmadison.com
cityofmadison.com/forestry

Street Tree Report – Land Use Application

In exercising its responsibility under the foregoing ordinances and Department Of Public Works construction specifications, the Forestry Section requires the applicant to submit a Street Tree Report from a certified arborist as part of a [Land Use Application](#) submittal. The Forestry Section will evaluate the report below for street tree protection during construction activities, proposed tree removals and deposits for developers’ agreements as part of the forestry approval process. If it is necessary to remove a street tree, a separate permit from Forestry will be required. The Forestry Section must be informed of any change in this information as it could impact the Forestry Section’s report and approval.

Please note on the **proposed plan** any pruning beyond what is considered to be acceptable by **ANSI A300 pruning standards** or if street tree removal may be necessary due to the impacts of construction, staging/delivery areas, or other activities.

SECTION 1 – APPLICANT AND CERTIFIED ARBORIST INFORMATION

APPLICANT

NAME Bear Deveolpment, LLC
BUSINESS PHONE _____ CELL PHONE 262-308-2656 EMAIL northmann@beardevelopment.com
MAILING ADDRESS 4011 80th St
CITY Kenosha STATE WI ZIP 53142

CONSULTING CERTIFIED ARBORIST

NAME Richard Bruce Allison CERTIFIED ARBORIST NUMBER WI-0176A
BUSINESS PHONE 608.848.2345 CELL PHONE 608.576.0584 EMAIL rbruce@allisontree.com
MAILING ADDRESS 1830 Sugar River Road
CITY Verona STATE WI ZIP 53593

WORK LOCATION:

STREET ADDRESS 3100 E. Washington Ave
CROSS STREETS Melvin Ct & E Washington Ave

SECTION 2 – STREET TREE INVENTORY AND CONSTRUCTION IMPACT

STREET TREE NUMBER	Tree Species (Common Name)	Trunk Diameter (DBH)	Canopy Spread (Ft)	Trunk/Roots: General Structure/Health/ Condition	Removal (R) Requested by Applicant? (Yes or No) <i>*Photos required*</i>	Pruning by City Forestry requested (Yes or No). Note: Any Pruning must follow ANSI A300 Standards.	What are the impacts of proposed building? i.e., construction, staging, underground vaults, concrete pumps, scaffolding, new underground utilities, etc.	What are the earth retention impacts to the street trees?
1	Callery Pear	4"	5'	Fair, excessive lower trunk sprouts	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	TBD	TBD
2	Ash	16"	12'	girdling roots, trunk sprouts, girdling roots, early EAB	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	TBD	TBD
3	Ash	17"	12'	trunk sprouts, limited 5' wide curb to sidewalk, early EAB	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	TBD	TBD
4	Bur oak	12"	10'	good branching structure, trunk and foliage - 8' wide curb to sidewalk	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	TBD	TBD
5	Bur oak	16"	10'	good branching structure, trunk and foliage	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	TBD	TBD
6	Bur oak	10"	10'	good branching structure, trunk and foliage, lawn mower wounds exposed roots	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	TBD	TBD
7	Elm	12"	10'	good branching structure, trunk	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	TBD	TBD
8	Hackberry	8"	10'	good branching structure, trunk and foliage	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	TBD	TBD
9	Hackberry	8"	10'	good condition , lower trunk area has clustered lateral branches needing pruning	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	TBD	TBD
10					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Please attach a **plan** of the proposed project site that includes street trees corresponding to the street tree listed in Section 2 of Street Tree Inventory.

Additional notes:

Describe impacts and any mitigation actions employed:

SECTION 3 – PHOTO DOCUMENTATION

Please attach photos. The group of photos must include:

- A photo to best depict the street tree relative to the proposed project.
- Date and timestamp of when photo was taken.

SIGNATURE CERTIFICATION

I hereby certify that I have presented an accurate and truthful representation of the proposed building and construction impacts to City street trees and a complete inventory of affected street trees and their condition herein, and that I will update this information and this report should any of this information change. I have worked to ensure compliance with all accepted professional standards in arboricultural practices and to ensure compliance with all applicable laws, regulations, policies and ethical standards. In the event the contractor has failed to comply with all applicable laws, regulations, policies and ethical standards; or created conditions that may present a hazard to people or property, I have immediately notified the appropriate representative of City of Madison Forestry Section at (608)266-4816.

CONSULTING ARBORIST SIGNATURE



DEVELOPER APPLICANT SIGNATURE

WI-0176A

ISA CERTIFICATION #

DO NOT WRITE BELOW THIS LINE

CITY OF MADISON FORESTRY SECTION OFFICE USE ONLY:

CONSULTING ARBORIST REPORT

APPROVED REJECTED DATE: _____

REVISED DATE _____

CITY EMPLOYEE NAME _____

TITLE _____

SIGNATURE OF CITY EMPLOYEE _____

DEPOSIT REQUIRED \$ _____

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Richard Bruce Allison
CONSULTING ARBORIST SIGNATURE

WI-0276A
ISA CERTIFICATION #

DEVELOPER APPLICANT SIGNATURE

DO NOT WRITE BELOW THIS LINE

CITY OF MADISON FORESTRY SECTION OFFICE USE ONLY:

CONSULTING ARBORIST REPORT

APPROVED REJECTED

DATE: _____

REVISED DATE _____

CITY EMPLOYEE NAME _____

TITLE _____

SIGNATURE OF CITY EMPLOYEE _____

DEPOSIT REQUIRED \$ _____

LIST OF ADDITIONAL STREET TREE INVENTORY AND CONSTRUCTION IMPACT

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