



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 JCAP Real Estate
BUSINESS PHONE 715-831-3994 CELL PHONE _____ EMAIL brian@jcaprealestate.com
MAILING ADDRESS 212 South Barstow Street
CITY Eau Claire STATE WI ZIP 54701

CONSULTING CERTIFIED ARBORIST

NAME Breiana Higdon-Tree Health Management CERTIFIED ARBORIST NUMBER WI-1379A
BUSINESS PHONE (608) 223-9120 CELL PHONE (608) 893-2900 EMAIL brei@treehealthmgmt.com
MAILING ADDRESS 6137 Femrite Dr
CITY Madison STATE WI ZIP 53718

WORK LOCATION:

STREET ADDRESS 506/508, 510, 514, 516, 518, 522 East Wilson and 134, 140, 148 South Blair
CROSS STREETS S. Blair St./E. Wilson St./S. Franklin St

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) *Photos required*	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	Honeylocust	9.4"	10'	Poor condition, limb tear-outs and visible thyro-nectria canker.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	-Removal of posts -Removal of sidewalk -Removal of asphalt	Root disturbance to top 6" of soil, root Compaction from equipment
2	Honeylocust	10"	16'	Poor condition, limb tear-outs and visible thyro-nectria canker.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	-Removal of posts -Removal of sidewalk -Removal of asphalt	Root disturbance to top 6" of soil, root Compaction from equipment
3	Honeylocust	12.2"	14'	Poor condition, limb tear-outs and visible thyro-nectria canker.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	-Removal of posts -Removal of sidewalk -Removal of asphalt	Root disturbance to top 6" of soil, root Compaction from equipment
4	Honeylocust	9.9"	15'	Poor condition, limb tear-outs and visible thyro-nectria canker.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	-Removal of posts -Removal of sidewalk -Removal of asphalt	Root disturbance to top 6" of soil, root Compaction from equipment
5	Honeylocust	11.7"	16'	Poor condition, limb tear-outs and visible thyro-nectria canker.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	-Removal of posts -Removal of sidewalk -Removal of asphalt	Root disturbance to top 6" of soil, root Compaction from equipment
6	Honeylocust	16.9"	24'	Poor condition, limb tear-outs and visible thyro-nectria canker.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	-Removal of posts -Removal of sidewalk -Removal of asphalt	Root disturbance to top 6" of soil, root Compaction from equipment
7	Gingko	3.8	6'	Fair condition	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Limited impacts expected	N/A
8	Callery pear	10.9"	16'	Fair condition	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Limited impacts expected	N/A
9	Tree Lilac	5.7"	7'	Fair condition	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Limited impacts expected	N/A
10	Elm	19"	30'	Good Condition	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Limited impacts expected	N/A

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:

See attached addendum for tree and site photos. Note that root flares were not inspected due to heavy snow cover.

Describe impacts and any mitigation actions employed:

Tree fencing installation recommended for trees left on site.

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

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

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?
11	Red maple	6.8"	12"	Not visible: Snow covered	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Limited impacts expected	N/A
					<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		
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					<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		



TREEHEALTHMGMT.COM
608.223.9120

**Tree Health Management
PO BOX 14374
Madison, WI 53708**

Tree Evaluation Report

Prepared for

Kahler Slater
722 Williamson St
Madison, WI 53703

Prepared by

Brei Higdon
Tree Health Management
PO Box 14374
Madison, WI 53708

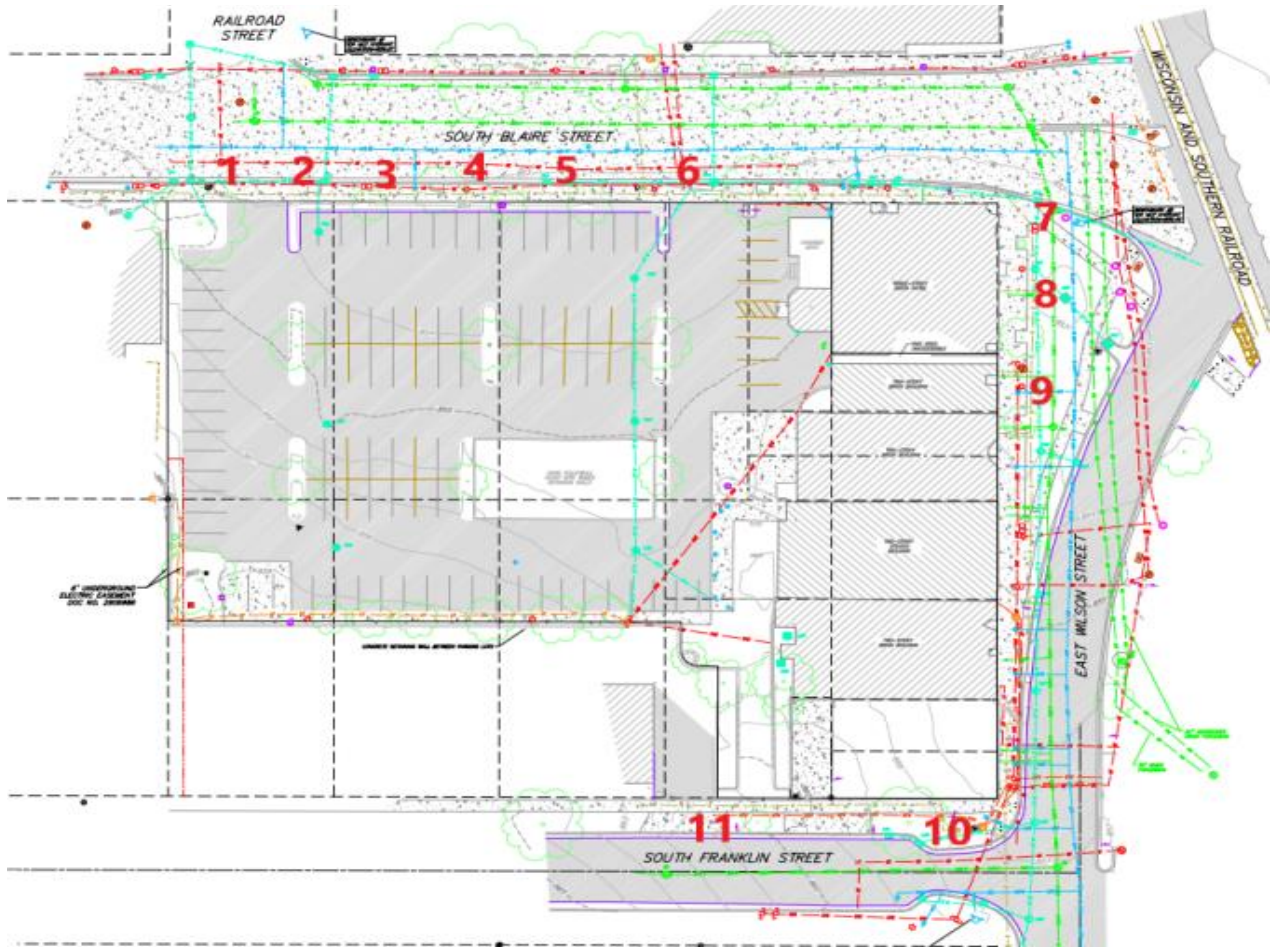
January 24, 2024

Brei Higdon

Tree Health Management-Consulting Arborist

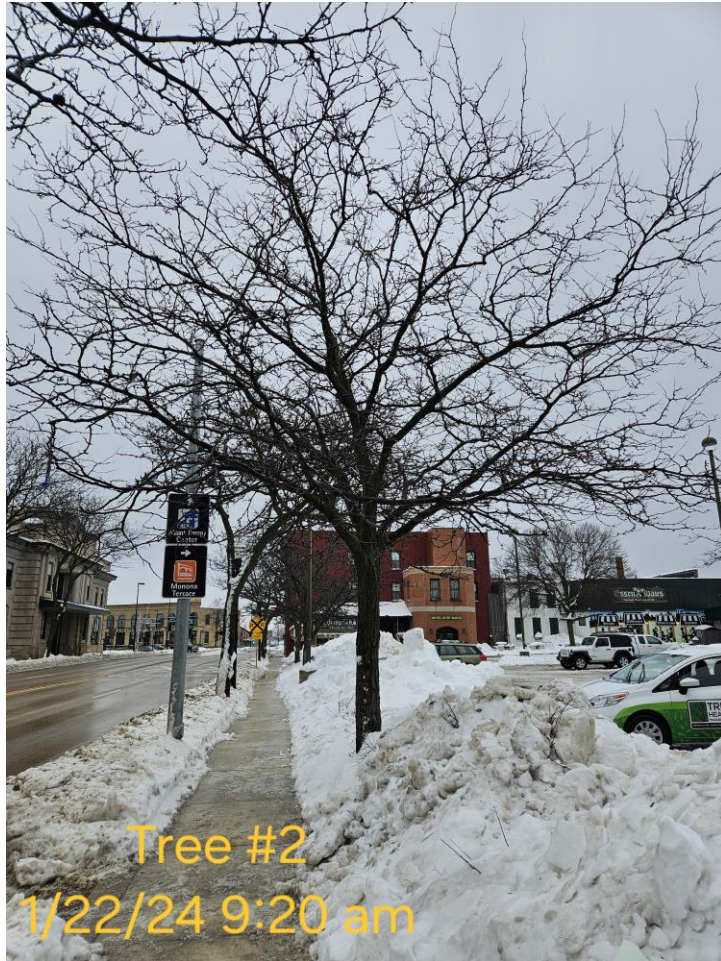
ISA Certified Arborist # WI-1379A

Street Tree Inventory Map





Tree #1
1/22/24 9:15 am



Tree #2
1/22/24 9:20 am







Tree #5
1/22/24 9:35 am



Tree #6
1/22/24 9:40 am









Tree #10
1/22/24 10:00 am



Tree #11
1/22/24 10:05 am