



PASADENA PERMIT CENTER
www.cityofpasadena.net/permitcenter

**Submittal Checklist for
PRIVATE TREE REMOVAL REQUEST**

This checklist should be reviewed together with a Planner at the Permit Center and must be submitted with the application. Incomplete applications cannot be processed and will be returned to the applicant together with a checklist specifying the items that are incomplete.

APPLICATION FORM (One copy)

- a) Cover Sheet with Applicant Signature.

SUPPLEMENTAL APPLICATION (One copy)

- a) Findings for a Private Tree Removal.
- b) Tree Evaluation Report (optional, must be prepared by an arborist).

SITE PLAN (One copy of site plan, a minimum of 8.5" x 11", no larger than 11" x 17")

- a) North arrow and drawing scale.
- b) Project site address.
- c) Property lines.
- d) Existing structures with their uses labeled.
- e) Location of tree requested for removal. Show full tree canopy and setbacks from tree trunk to property line and structures. Number each tree if multiple trees are proposed for removal.
- f) Location of other trees and landscaped areas on property.
- g) Topography (when applicable, such as in hillside areas).

OWNERSHIP VERIFICATION (One copy)

- a) Copy of grant deed, utility bill or other proof of ownership.
- b) Written consent from property owner to authorize another representative (if applicable).

PHOTOS (One set)

- a) A minimum of four photos (varied angles) of the tree canopy including one from the public right-of-way. You may also include close-ups of any diseased branches or damaged structures.

APPLICATION FEES

ADDITIONAL ITEMS:

In addition, the following items may be required by the Planner for submittal:

LANDSCAPE PLAN (Two sets - should include species, size and location of replacement trees)

CERTIFICATE OF APPROPRIATENESS (for Landmark Tree removals)

OTHER ITEMS _____

Professional Member

John Windsor

Member ID: 12103

■ PLANNIN

John Windsor

Certified Arborist WE1890-A
27305 Live Oak Rd. A-407
Castaic, Ca. 91384
JohnWindsor51@aol.com
Phone: 661-904-6895



International Society of Arboriculture





PASADENA PERMIT CENTER
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Supplemental Application for
PRIVATE TREE REMOVAL REQUEST

PROJECT ADDRESS: 2063 La France Ave. South PASADENA, CA 91030

ZONING DESIGNATION: RS

REASON FOR REMOVAL: (provide a separate reason for each tree being removed)

Aggressive roots) causing trip and fall hazard.

ARBORIST EVALUATION REPORT:

In order to make findings, it is recommended that a certified arborist evaluate the tree to be removed and submit the evaluation report (see attached form). If this report and the tree evaluation form are completed by a certified arborist, the tree removal permit fee for single-family uses is reduced by half.

APPLICANT/OWNER INFORMATION:

Name of Applicant: Leah Bunch and Adam Weisblatt Company: _____

Address: 2063 La France Avenue City: SOUTH PASADENA State: CA Zip: 91030

Phone Number: (day) _____ Fax Number: N/A E-mail: _____

Name of Property Owner: (if different from applicant) SAME

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: (day) _____ Fax Number: _____ E-mail: _____

TREE INFORMATION: (complete a separate request for each tree being removed)

Type of Protected Tree: landmark specimen native N/A

Tree Species: Juniper chinensis torulosa

Common Name: Twisted juniper

Tree diameter as measured 4.5 feet (DBH) above natural grade: 44 inches

Height: 20 feet, Spread: 15 feet, Number of trunks: 4

Location of Protected Tree (i.e. front yard, rear yard, or east/west/south/north side yard): Front yard, SOUTH

Distance of tree trunk the nearest property line. 17 feet

CERTIFICATION: I hereby certify that I am the applicant or designated agent named herein and that I am familiar with the rules and regulations with respect to preparing and filing this petition for discretionary action, and that the statements and answers contained herein and the information attached are in all respects true and accurate to the best of my knowledge and belief.

Signature of Applicant or Agent: _____ Date: _____

TR-CHK Rev: 3/06/13



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**Supplemental Application for
PRIVATE TREE REMOVAL REQUEST**

FINDINGS FOR A PRIVATE TREE REMOVAL:

In order to approve an application for a tree removal, at least one of the six findings below must be made. Please provide information that justifies the approval of your request. Use additional sheets if more space is necessary to complete your response. See Section 8.52.075 of the Municipal Code - City Trees and Tree Protection Ordinance for any additional Code requirements. Approval of the removal of landmark and landmark-eligible trees shall follow the procedures for the removal of landmarks in Chapter 17.62 of the Zoning Code.

Findings:

1. Describe how/why there is a public benefit, or a health, safety or welfare benefit, to the injury or removal that outweighs the protection of the specific private tree. A public benefit means a public purpose, service or use which affects residents as a community and not merely as particular individuals (Section 8.52.020(V)).
2. Describe how/why the present condition of the private tree is such that it is not reasonably likely to survive.
3. Describe the objective feature of the private tree that makes it not suitable for protection as a specimen, native or landmark tree.
4. Describe how/why there is a substantial hardship to the property owner in the enjoyment and use of the real property if the injury or removal of the private tree is not permitted.
5. Describe how/why the protection of the private tree would constitute a taking of the underlying real property.
6. Describe how/why the project includes a landscape design plan that emphasizes a tree canopy that is sustainable over the long term by adhering to the adopted replacement matrix. "Project" means any proposal for new or changed use, alteration or enlargement of any structure that is subject to the Zoning Code. Alternatives to the replacement matrix may be considered. Consult with Section 8.52.075(C) for information. This finding does not apply to permits or approvals seeking removal of a landmark tree and landmark-eligible trees.

Trees have cracked walkways, sidewalks and entry ways to the residence. See enclosed pictures. Roots have created several trip and fall hazards. None of the trees marked for removal are "Native" "Protected" Landmark or specimen trees. See enclosed documentation on each species of tree: Ficus (2) Juniper (2) Ash (1)

FOR STAFF USE ONLY

Case #: _____ Total Fees Paid: \$ _____ Date Received: _____ Case Planner: _____

Mtg./Decision Date: _____ Level of review required: Director Historic Preservation Commission Design Commission

Hearing Officer Other _____

TR-CHK Rev: 3/06/13



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Supplemental Application for
PRIVATE TREE REMOVAL REQUEST

ARBORIST EVALUATION REPORT:

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ASCA/ISA Certified Arborist Name: John Windsor

Certified Arborist Number: WE 1890-A Inspection Date: _____

TREE CHARACTERISTICS:

Species: Juniper chinensis torulosa Common Name: Twisted Juniper
Genus Species

Tree ID#: _____ DBH: 44" # of trunks: 4 Height: 20' Spread: 15'

Form: generally symmetric major asymmetry stump sprout stag-headed

Age: young semi-mature mature over-mature/senescient

Pruning: lion-tailed crown raised topped multiple pruning events cabled/braced
 flush cuts pollarded excessively thinned none

Amount of Deadwood: 0-10% 11-20% 21-30% over 30%

Location & Extent of Decay: _____

Known History of Failure: _____

Pests or Diseases: _____

Other Inspections: Decay Test Canopy Inspection Root Crown Excavation (limited)

Tree Condition Summary:

Tree roots are causing safety issues

Professional Member

John Windsor

Member ID: 12103

John Windsor

Certified Arborist WE1890-A
27305 Live Oak Rd. A-407
Castaic, Ca. 91384
JohnWindsor51@aol.com
Phone: 661-904-6895



International Society of Arboriculture
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3/06/13



PASADENA PERMIT CENTER
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Supplemental Application for
PRIVATE TREE REMOVAL REQUEST

SITE CONDITIONS:

Landscape Type: lawn shrub area natural hillside parkway courtyard

other _____

Surroundings: Tree overhangs/extends to adjacent property Tree is causing damage to structures

other _____ Roots cracking walkways and residence entrance

Irrigation conditions: none adequate inadequate excessive trunk wetted

Irrigation type: spray drip automatic manual other

Site Disturbance: none soil grade change construction chemical

% dripline paved _____ % dripline w/fill soil _____ % dripline with grade lowered _____

Soil Problems: none drainage shallow compacted saline

alkaline acidic clay expansive

Slope: none hillside under 20% hillside over 20% Slope aspect _____

Site prone to wind: yes no Prevailing wind direction: _____

Site Condition Summary:

Site is a normal residential South Pasadena residence. Flat, irrigated and landscaped

OVERALL SUMMARY AND RECOMMENDATION:

5 trees need to be removed to avoid trips and fall hazards.

Additional analysis attached

Photographs attached

CERTIFICATION: I hereby certify that I am a certified arborist and that I am familiar with the subject property and the trees being requested for removal, and that the statements and answers contained herein and the information attached are in all respects true and accurate to the best of my knowledge and belief.

John Winder
Signature of Arborist

12103
WE 1890A

01-16-25
Date

TR-CHK Rev: 3/06/13



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Supplemental Application for
PRIVATE TREE REMOVAL REQUEST

PROJECT ADDRESS: 2063 La France Ave. SOUTH PASADENA, CA 91030

ZONING DESIGNATION: RS

REASON FOR REMOVAL: (provide a separate reason for each tree being removed)

Aggressive roots causing trip and fall hazard.

ARBORIST EVALUATION REPORT:

In order to make findings, it is recommended that a certified arborist evaluate the tree to be removed and submit the evaluation report (see attached form). If this report and the tree evaluation form are completed by a certified arborist, the tree removal permit fee for single-family uses is reduced by half.

APPLICANT/OWNER INFORMATION:

Name of Applicant: Leah Bunch and Adam Weisblatt Company: _____

Address: 2063 La France Avenue City: SOUTH PASADENA State: CA Zip: 91030

Phone Number: (day) _____ Fax Number: N/A E-mail: _____

Name of Property Owner: (if different from applicant) SAME

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: (day) _____ Fax Number: _____ E-mail: _____

TREE INFORMATION: (complete a separate request for each tree being removed)

Type of Protected Tree: landmark specimen native N/A

Tree Species: Juniper chinensis torulosa

Common Name: Twisted juniper

Tree diameter as measured 4.5 feet (DBH) above natural grade: 30 inches

Height: 20 feet, Spread: 15 feet, Number of trunks: 2

Location of Protected Tree (i.e. front yard, rear yard, or east/west/south/north side yard): front yard, North

Distance of tree trunk the nearest property line. 17 feet

CERTIFICATION: I hereby certify that I am the applicant or designated agent named herein and that I am familiar with the rules and regulations with respect to preparing and filing this petition for discretionary action, and that the statements and answers contained herein and the information attached are in all respects true and accurate to the best of my knowledge and belief.

Signature of Applicant or Agent: _____ Date: _____

TR-CHK Rev: 3/06/13



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Supplemental Application for
PRIVATE TREE REMOVAL REQUEST

FINDINGS FOR A PRIVATE TREE REMOVAL:

In order to approve an application for a tree removal, at least one of the six findings below must be made. Please provide information that justifies the approval of your request. Use additional sheets if more space is necessary to complete your response. See Section 8.52.075 of the Municipal Code - City Trees and Tree Protection Ordinance for any additional Code requirements. Approval of the removal of landmark and landmark-eligible trees shall follow the procedures for the removal of landmarks in Chapter 17.62 of the Zoning Code.

Findings:

1. Describe how/why there is a public benefit, or a health, safety or welfare benefit, to the injury or removal that outweighs the protection of the specific private tree. A public benefit means a public purpose, service or use which affects residents as a community and not merely as particular individuals (Section 8.52.020(V)).
2. Describe how/why the present condition of the private tree is such that it is not reasonably likely to survive.
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4. Describe how/why there is a substantial hardship to the property owner in the enjoyment and use of the real property if the injury or removal of the private tree is not permitted.
5. Describe how/why the protection of the private tree would constitute a taking of the underlying real property.
6. Describe how/why the project includes a landscape design plan that emphasizes a tree canopy that is sustainable over the long term by adhering to the adopted replacement matrix. "Project" means any proposal for new or changed use, alteration or enlargement of any structure that is subject to the Zoning Code. Alternatives to the replacement matrix may be considered. Consult with Section 8.52.075(C) for information. This finding does not apply to permits or approvals seeking removal of a landmark tree and landmark-eligible trees.

Trees have cracked walkways, sidewalks and entry ways to the residence. See enclosed pictures. Roots have created several trip and fall hazards. None of the trees marked for removal are "Native" "Protected" Landmark or specimen trees. See enclosed documentation on each species of tree: Ficus (2) Juniper (2) Ash (1)

FOR STAFF USE ONLY

Case #: _____ Total Fees Paid: \$ _____ Date Received: _____ Case Planner: _____

Mtg./Decision Date: _____ Level of review required: Director Historic Preservation Commission Design Commission

Hearing Officer Other

TR-CHK Rev: 3/06/13



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Supplemental Application for
PRIVATE TREE REMOVAL REQUEST

ARBORIST EVALUATION REPORT:

The following section is optional and not required as part of the submittal. However, in order to make findings for a tree removal, it is recommended that an arborist evaluation report be submitted. The arborist should complete one form per tree proposed for removal and attach a copy of their certification. Use additional sheets if more space is necessary to complete the responses. The arborist is not required to use this form, provided all of the information requested below is addressed.

ASCA/ISA Certified Arborist Name: John Windsor

Certified Arborist Number: WE 1890-A Inspection Date: _____

TREE CHARACTERISTICS:

Species: Juniper chinensis torulosa Common Name: Twisted Juniper
Genus Species

Tree ID#: _____ DBH: 30" # of trunks: 2 Height: 20' Spread: 15'

Form: generally symmetric major asymmetry stump sprout stag-headed

Age: young semi-mature mature over-mature/senescent

Pruning: lion-tailed crown raised topped multiple pruning events cabled/braced
 flush cuts pollarded excessively thinned none

Amount of Deadwood: 0-10% 11-20% 21-30% over 30%

Location & Extent of Decay: _____

Known History of Failure: _____

Pests or Diseases: _____

Other Inspections: Decay Test Canopy Inspection Root Crown Excavation (limited)

Tree Condition Summary:

Tree roots are causing safety issues

Professional Member

John Windsor

Member ID: 12103

John Windsor

Certified Arborist WE1890-A
27305 Live Oak Rd. A-407
Castaic, Ca. 91384
JohnWindsor51@aol.com
Phone: 661-904-6895



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rev: 3/06/13

-744-4009

PASADENA, CA 91101



PASADENA PERMIT CENTER
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Supplemental Application for
PRIVATE TREE REMOVAL REQUEST

SITE CONDITIONS:

Landscape Type: lawn shrub area natural hillside parkway courtyard

other _____

Surroundings: Tree overhangs/extends to adjacent property Tree is causing damage to structures
 other Roots cracking walkways and residence entrance

Irrigation conditions: none adequate inadequate excessive trunk wetted

Irrigation type: spray drip automatic manual other

Site Disturbance: none soil grade change construction chemical

% dripline paved _____ % dripline w/fill soil _____ % dripline with grade lowered _____

Soil Problems: none drainage shallow compacted saline

alkaline acidic clay expansive

Slope: none hillside under 20% hillside over 20% Slope aspect _____

Site prone to wind: yes no Prevailing wind direction: _____

Site Condition Summary:

site is a normal residential South Pasadena residence. Flat, irrigated and landscaped

OVERALL SUMMARY AND RECOMMENDATION:

5 trees need to be removed to avoid trip and fall hazards.

Additional analysis attached

Photographs attached

CERTIFICATION: I hereby certify that I am a certified arborist and that I am familiar with the subject property and the trees being requested for removal, and that the statements and answers contained herein and the information attached are in all respects true and accurate to the best of my knowledge and belief.

John W. Winder
Signature of Arborist

12103
WE 1890A

01-16-25

Date

TR-CHK Rev: 3/06/13



PASADENA PERMIT CENTER
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Supplemental Application for
PRIVATE TREE REMOVAL REQUEST

PROJECT ADDRESS: 2063 La France Ave. South Pasadena, CA 91030

ZONING DESIGNATION: R S

REASON FOR REMOVAL: (provide a separate reason for each tree being removed)

Aggressive roots causing trip and Fall hazard.

ARBORIST EVALUATION REPORT:

In order to make findings, it is recommended that a certified arborist evaluate the tree to be removed and submit the evaluation report (see attached form). If this report and the tree evaluation form are completed by a certified arborist, the tree removal permit fee for single-family uses is reduced by half.

APPLICANT/OWNER INFORMATION:

Name of Applicant: Leah Bunch and Adam Weisblatt Company: _____

Address: 2063 La France Avenue City: South Pasadena State: CA Zip: 91030

Phone Number: (day) _____ Fax Number: N/A E-mail: _____ Pers-Med-Similar

Name of Property Owner: (if different from applicant) SAME

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: (day) _____ Fax Number: _____ E-mail: _____

TREE INFORMATION: (complete a separate request for each tree being removed)

Type of Protected Tree: landmark specimen native N/A

Tree Species: Ficus benjamina

Common Name: Chinese banyan

Tree diameter as measured 4.5 feet (DBH) above natural grade: 26 inches

Height: 25 feet, Spread: 20 feet, Number of trunks: 4

Location of Protected Tree (i.e. front yard, rear yard, or east/west/south/north side yard): Front yard, North

Distance of tree trunk the nearest property line. 10 feet

CERTIFICATION: I hereby certify that I am the applicant or designated agent named herein and that I am familiar with the rules and regulations with respect to preparing and filing this petition for discretionary action, and that the statements and answers contained herein and the information attached are in all respects true and accurate to the best of my knowledge and belief.

Signature of Applicant or Agent: _____ Date: _____

TR-CHK Rev: 3/06/13



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Supplemental Application for
PRIVATE TREE REMOVAL REQUEST

FINDINGS FOR A PRIVATE TREE REMOVAL:

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Findings:

1. Describe how/why there is a public benefit, or a health, safety or welfare benefit, to the injury or removal that outweighs the protection of the specific private tree. A public benefit means a public purpose, service or use which affects residents as a community and not merely as particular individuals (Section 8.52.020(V)).
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5. Describe how/why the protection of the private tree would constitute a taking of the underlying real property.
6. Describe how/why the project includes a landscape design plan that emphasizes a tree canopy that is sustainable over the long term by adhering to the adopted replacement matrix. "Project" means any proposal for new or changed use, alteration or enlargement of any structure that is subject to the Zoning Code. Alternatives to the replacement matrix may be considered. Consult with Section 8.52.075(C) for information. This finding does not apply to permits or approvals seeking removal of a landmark tree and landmark-eligible trees.

Trees have cracked walkways, sidewalks and entry ways to the residence. See enclosed pictures. Roots have created several trip and fall hazards. None of the trees marked for removal are "Native" "Protected" Landmark or specimen trees. See enclosed documentation on each species of tree: Ficus (2) Juniper (2) Ash (1)

FOR STAFF USE ONLY

Case #: _____ Total Fees Paid: \$ _____ Date Received: _____ Case Planner: _____

Mtg./Decision Date: _____ Level of review required: Director Historic Preservation Commission Design Commission

Hearing Officer Other _____

TR-CHK Rev: 3/06/13



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Supplemental Application for
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ASCA/ISA Certified Arborist Name: John Windsor

Certified Arborist Number: WE 1890 A Inspection Date: 1/16/25

TREE CHARACTERISTICS:

Species: Ficus benjamina Genus: benjamina Species: Chinese banyan Common Name:

Tree ID#: _____ DBH: 6" # of trunks: 1 Height: 20' Spread: 10'

Form: generally symmetric major asymmetry stump sprout stag-headed

Age: young semi-mature mature over-mature/senescient

Pruning: lion-tailed crown raised topped multiple pruning events cabled/braced
 flush cuts pollarded excessively thinned none

Amount of Deadwood: 0-10% 11-20% 21-30% over 30%

Location & Extent of Decay: _____

Known History of Failure: _____

Pests or Diseases: _____

Other Inspections: Decay Test Canopy Inspection Root Crown Excavation (limited)

Tree Condition Summary:

Tree roots are causing safety issues

Professional Member

John Windsor

Member ID: 12103

John Windsor

Certified Arborist WE1890-A
27305 Live Oak Rd. A-407
Castaic, Ca. 91384
JohnWindsor51@aol.com
Phone: 661-904-6895



1/06/13

109



International Society of Arboriculture
www.isa-arbor.com • p. +1 217.355.9311 • isa@isa-arbor.com

PASADENA, CA 91101



PASADENA PERMIT CENTER
www.cityofpasadena.net/permitcenter

Supplemental Application for

PRIVATE TREE REMOVAL REQUEST

SITE CONDITIONS:

Landscape Type: lawn shrub area natural hillside parkway courtyard

other _____

Surroundings: Tree overhangs/extends to adjacent property Tree is causing damage to structures

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Irrigation type: spray drip automatic manual other

Site Disturbance: none soil grade change construction chemical

% dripline paved _____ % dripline w/fill soil _____ % dripline with grade lowered _____

Soil Problems: none drainage shallow compacted saline

alkaline acidic clay expansive

Slope: none hillside under 20% hillside over 20% Slope aspect _____

Site prone to wind: yes no Prevailing wind direction: _____

Site Condition Summary:

Site is a normal residential South Pasadena residence. Flat, irrigated and landscaped

OVERALL SUMMARY AND RECOMMENDATION:

5 trees need to be removed to avoid trips and fall hazards.

Additional analysis attached

Photographs attached

CERTIFICATION: I hereby certify that I am a certified arborist and that I am familiar with the subject property and the trees being requested for removal, and that the statements and answers contained herein and the information attached are in all respects true and accurate to the best of my knowledge and belief.

John Winder
Signature of Arborist

12103
WE 1890A

01-16-25
Date

TR-CHK Rev: 3/06/13

Phone: 626-744-4009



**Supplemental Application for
PRIVATE TREE REMOVAL REQUEST**

PROJECT ADDRESS: 2063 La France Avenue South Pasadena, CA 91030

ZONING DESIGNATION: RS

REASON FOR REMOVAL: (provide a separate reason for each tree being removed)

Aggressive roots causing trip and fall hazard.

ARBORIST EVALUATION REPORT:

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Name of Applicant: Leah Bunch and Adam Weisblatt Company: _____

Address: 2063 La France Avenue City: SOUTH PASADENA State: CA Zip: 91030

Phone Number: (day) _____ Fax Number: N/A E-mail: _____

Name of Property Owner: (if different from applicant) SAME

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: (day) _____ Fax Number: _____ E-mail: _____

TREE INFORMATION: (complete a separate request for each tree being removed)

Type of Protected Tree: landmark specimen native N/A

Tree Species: Ficus benjamina

Common Name: Chinese banyan

Tree diameter as measured 4.5 feet (DBH) above natural grade: 6 inches

Height: 20 feet, Spread: 10 feet, Number of trunks: 1

Location of Protected Tree (i.e. front yard, rear yard, or east/west/south/north side yard): Front yard, SOUTH

Distance of tree trunk the nearest property line. 13' 6"

CERTIFICATION: I hereby certify that I am the applicant or designated agent named herein and that I am familiar with the rules and regulations with respect to preparing and filing this petition for discretionary action, and that the statements and answers contained herein and the information attached are in all respects true and accurate to the best of my knowledge and belief.

Signature of Applicant or Agent: _____ Date: _____

TR-CHK Rev: 3/06/13



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Supplemental Application for

PRIVATE TREE REMOVAL REQUEST

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FOR STAFF USE ONLY

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Mtg./Decision Date: _____ Level of review required: Director Historic Preservation Commission Design Commission

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The following section is optional and not required as part of the submittal. However, in order to make findings for a tree removal, it is recommended that an arborist evaluation report be submitted. The arborist should complete one form per tree proposed for removal and attach a copy of their certification. Use additional sheets if more space is necessary to complete the responses. The arborist is not required to use this form, provided all of the information requested below is addressed.

ASCA/ISA Certified Arborist Name: John Windsor
Certified Arborist Number: WE 1890 A Inspection Date: 1/16/25

TREE CHARACTERISTICS:

Species: Ficus benjamina Genus: benjamina Species: Chinese banyan Common Name:

Tree ID#: _____ DBH: 26" # of trunks: 4 Height: 25' Spread: 20'

Form: generally symmetric major asymmetry stump sprout stag-headed

Age: young semi-mature mature over-mature/senescence

Pruning: lion-tailed crown raised topped multiple pruning events cabled/braced
 flush cuts pollarded excessively thinned none

Amount of Deadwood: 0-10% 11-20% 21-30% over 30%

Location & Extent of Decay: _____

Known History of Failure: _____

Pests or Diseases: _____

Other Inspections: Decay Test Canopy Inspection Root Crown Excavation (limited)

Tree Condition Summary:

Tree roots are causing safety issues

Professional Member

John Windsor

Member ID: 12103

John Windsor

Certified Arborist WE1890-A
27305 Live Oak Rd. A-407
Castaic, Ca. 91384
JohnWindsor51@aol.com
Phone: 661-904-6895



International Society of Arboriculture
www.isa-arbor.com • p. 41217.355.9411 • isa@isa-arbor.com

3/06/13



PASADENA PERMIT CENTER

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Supplemental Application for PRIVATE TREE REMOVAL REQUEST

SITE CONDITIONS:

Landscape Type: lawn shrub area natural hillside parkway courtyard

other _____

Surroundings: Tree overhangs/extends to adjacent property Tree is causing damage to structures

other Roots cracking walkways and residence entrance

Irrigation conditions: none adequate inadequate excessive trunk wetted

Irrigation type: spray drip automatic manual other

Site Disturbance: none soil grade change construction chemical

% dripline paved _____ % dripline w/fill soil _____ % dripline with grade lowered _____

Soil Problems: none drainage shallow compacted saline

alkaline acidic clay expansive

Slope: none hillside under 20% hillside over 20% Slope aspect _____

Site prone to wind: yes no Prevailing wind direction: _____

Site Condition Summary:

site is a normal residential South Pasadena residence. Flat, irrigated and landscaped

OVERALL SUMMARY AND RECOMMENDATION:

5 trees need to be removed to avoid trip and fall hazards.

Additional analysis attached

Photographs attached

CERTIFICATION: I hereby certify that I am a certified arborist and that I am familiar with the subject property and the trees being requested for removal, and that the statements and answers contained herein and the information attached are in all respects true and accurate to the best of my knowledge and belief.

John W. Windley
Signature of Arborist

12103
WE 1890 A

01-16-25
Date



PASADENA PERMIT CENTER
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Supplemental Application for
PRIVATE TREE REMOVAL REQUEST

PROJECT ADDRESS: 2063 La France Avenue South Pasadena, CA 91030

ZONING DESIGNATION: RS

REASON FOR REMOVAL: (provide a separate reason for each tree being removed)

Aggressive roots causing trip and fall hazard.

ARBORIST EVALUATION REPORT:

In order to make findings, it is recommended that a certified arborist evaluate the tree to be removed and submit the evaluation report (see attached form). If this report and the tree evaluation form are completed by a certified arborist, the tree removal permit fee for single-family uses is reduced by half.

APPLICANT/OWNER INFORMATION:

Name of Applicant: Leah Bunch and Adam Weisblatt Company: _____

Address: 2063 La France Avenue City: SOUTH PASADENA State: CA Zip: 91030

Phone Number: (day) _____ Fax Number: N/A E-mail: _____

Name of Property Owner: (if different from applicant) SAME

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: (day) _____ Fax Number: _____ E-mail: _____

TREE INFORMATION: (complete a separate request for each tree being removed)

Type of Protected Tree: landmark specimen native N/A

Tree Species: Fraxinus velutina

Common Name: Arizona ash

Tree diameter as measured 4.5 feet (DBH) above natural grade: 20 inches

Height: 45 feet, Spread: 25 feet, Number of trunks: 1

Location of Protected Tree (i.e. front yard, rear yard, or east/west/south/north side yard): Rear yard, North

Distance of tree trunk the nearest property line. 3 ft.

CERTIFICATION: I hereby certify that I am the applicant or designated agent named herein and that I am familiar with the rules and regulations with respect to preparing and filing this petition for discretionary action, and that the statements and answers contained herein and the information attached are in all respects true and accurate to the best of my knowledge and belief.

Signature of Applicant or Agent: _____ Date: _____

TR-CHK Rev: 3/06/13



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Supplemental Application for
PRIVATE TREE REMOVAL REQUEST

FINDINGS FOR A PRIVATE TREE REMOVAL:

In order to approve an application for a tree removal, at least one of the six findings below must be made. Please provide information that justifies the approval of your request. Use additional sheets if more space is necessary to complete your response. See Section 8.52.075 of the Municipal Code - City Trees and Tree Protection Ordinance for any additional Code requirements. Approval of the removal of landmark and landmark-eligible trees shall follow the procedures for the removal of landmarks in Chapter 17.62 of the Zoning Code.

Findings:

1. Describe how/why there is a public benefit, or a health, safety or welfare benefit, to the injury or removal that outweighs the protection of the specific private tree. A public benefit means a public purpose, service or use which affects residents as a community and not merely as particular individuals (Section 8.52.020(V)).
2. Describe how/why the present condition of the private tree is such that it is not reasonably likely to survive.
3. Describe the objective feature of the private tree that makes it not suitable for protection as a specimen, native or landmark tree.
4. Describe how/why there is a substantial hardship to the property owner in the enjoyment and use of the real property if the injury or removal of the private tree is not permitted.
5. Describe how/why the protection of the private tree would constitute a taking of the underlying real property.
6. Describe how/why the project includes a landscape design plan that emphasizes a tree canopy that is sustainable over the long term by adhering to the adopted replacement matrix. "Project" means any proposal for new or changed use, alteration or enlargement of any structure that is subject to the Zoning Code. Alternatives to the replacement matrix may be considered. Consult with Section 8.52.075(C) for information. This finding does not apply to permits or approvals seeking removal of a landmark tree and landmark-eligible trees.

Trees have cracked walkways, sidewalks and entry ways to the residence. See enclosed pictures. Roots have created several trip and fall hazards. None of the trees marked for removal are "Native" "Protected" Landmark or specimen trees. See enclosed documentation on each species of tree: Ficus (2) Juniper (2) Ash (1)

FOR STAFF USE ONLY

Case #: _____ Total Fees Paid: \$ _____ Date Received: _____ Case Planner: _____
Mtg./Decision Date: _____ Level of review required: Director Historic Preservation Commission Design Commission
 Hearing Officer Other _____

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*Supplemental Application for
PRIVATE TREE REMOVAL REQUEST*

ARBORIST EVALUATION REPORT:

The following section is optional and not required as part of the submittal. However, in order to make findings for a tree removal, it is recommended that an arborist evaluation report be submitted. The arborist should complete one form per tree proposed for removal and attach a copy of their certification. Use additional sheets if more space is necessary to complete the responses. The arborist is not required to use this form, provided all of the information requested below is addressed.

ASCA/ISA Certified Arborist Name: John Windsor

Certified Arborist Number: WE 1890 A Inspection Date: 01-16-25

TREE CHARACTERISTICS:

Species: Fraxinus Genus velutina Species Arizona ash Common Name

Tree ID#: _____ DBH: 20" # of trunks: 1 Height: 45' Spread: 25'

Form: generally symmetric major asymmetry stump sprout stag-headed

Age: young semi-mature mature over-mature/senescence

Pruning: lion-tailed crown raised topped multiple pruning events cabled/braced
 flush cuts pollarded excessively thinned none

Amount of Deadwood: 0-10% 11-20% 21-30% over 30%

Location & Extent of Decay: _____

Known History of Failure: _____

Pests or Diseases: _____

Other Inspections: Decay Test Canopy Inspection Root Crown Excavation (limited)

Tree Condition Summary:

Professional Member

John Windsor

Member ID: 12103



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John Windsor

Certified Arborist WE1890-A
27305 Live Oak Rd. A-407
Castaic, Ca. 91384
JohnWindsor51@aol.com
Phone: 661-904-6895



6/13



PASADENA PERMIT CENTER
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Supplemental Application for

PRIVATE TREE REMOVAL REQUEST

SITE CONDITIONS:

Landscape Type: lawn shrub area natural hillside parkway courtyard

other _____

Surroundings: Tree overhangs/extends to adjacent property Tree is causing damage to structures

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Soil Problems: none drainage shallow compacted saline

alkaline acidic clay expansive

Slope: none hillside under 20% hillside over 20% Slope aspect _____

Site prone to wind: yes no Prevailing wind direction: _____

Site Condition Summary:

Site is a normal residential South Pasadena residence. Flat, irrigated and landscaped

OVERALL SUMMARY AND RECOMMENDATION:

5 trees need to be removed to avoid trip and fall hazards.

Additional analysis attached

Photographs attached

CERTIFICATION: I hereby certify that I am a certified arborist and that I am familiar with the subject property and the trees being requested for removal, and that the statements and answers contained herein and the information attached are in all respects true and accurate to the best of my knowledge and belief.

John Winder
Signature of Arborist

12103
WE 1890A

01-16-25
Date

TR-CHK Rev: 3/06/13

Redaction Log

Total Number of Redactions in Document: 10

Redaction Reasons by Page

Page	Reason	Description	Occurrences
2			2
6			2
10	Pers-Med-Similar	The provided document(s) have been redacted and/or the City is withholding records from disclosure, in whole or in part, because disclosure of personnel, medical or similar files constitutes an unwarranted invasion of personal privacy, pursuant to Government Code Section 7927.700. In addition, such information is protected by the privacy provisions of Article I, Section 1 of the California Constitution, incorporated into the Public Records Act exemptions through California Government Code Section 7927.705.	1
10			1
14			2
18			2