Instructions

Arborist Verification of Hazardous or Conflicting Tree

County of Ventura • Resource Management Agency • Planning Division
800 S. Victoria Ave., Ventura, CA 93009 • (805)654-2488 • www.vcrma.org/tree-permits-and-the-tree-protection-ordinance

Oak, sycamore and other trees over a certain size in the non-coastal zone and most trees in the coastal zone 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.

Hazardous or Conflicting Tree. Hazardous trees are trees that have structural defects that are likely to cause failure of all or part of the tree, and if the failure were to occur the tree or limbs would likely strike a “target” (such as a building, a backyard or a vehicle).

Conflicting trees are trees that are destroying, obstructing or otherwise conflicting with other trees, or existing structures or improvements, such as private sewer lines or utilities on private property. A tree that is causing damage to structures—such as buckling sidewalks—which could result in a hazardous situation is considered a conflicting tree. A tree that is blocking solar access to existing solar collection systems is also considered a conflicting tree. The dropping of leaves or debris by trees is not considered a conflict, nor is the blocking of a view.

To remove or alter a hazardous or conflicting tree in the non-coastal zone requires a ministerial tree permit, for which an Arborist Verification of Hazardous or Conflicting Tree must be submitted. Hazardous trees may only be removed or altered in the coastal zone in an emergency and require Emergency Coastal Development Permits when the tree poses an imminent hazard to life or property and there is no feasible alternative to ensure public health and safety. To remove a hazardous tree in the coastal zone, follow the instructions outlined in the Emergency Coastal Development Permit (CZO Sec. 8178-7.5.4).

Required Content. Arborist Verification’s 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 hazardous or conflicting tree. 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. The information in the tree protection sketch or plan shall be reflected in the final approved construction plans including the location of the trees, protection measures, and the equipment wash-off area (outside the TPZ). Verification that tree protection measures were in place throughout the time of construction may be requested by the Planning Division in writing or photographs.
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.vcrma.org/tree-permits-and-the-tree-protection-ordinance.

# of Trees Evaluated 

Date Received: ___________________ Received By: ____________

# of Color Photos Rec’d (1 per tree min.) ________________

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 Hazardous or Conflicting Tree**

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**

Tree # _______  Tagged: Y   N  Species ______________________________

# of Trunks _______  Girth _______  Height _______  Canopy Spread _______

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

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.) ______________________________

Tree is: Hazardous / Conflicting

Describe the tree’s hazardous condition (e.g., structural flaws, pests) or conflicting condition (e.g., buckling sidewalk, interfering with existing structures) ______________________________

________________________________

________________________________

________________________________

________________________________

Existing object tree is in conflict with (if conflicting) ______________________________

Tree part most likely to fail (if hazardous) ______________________________

Failure potential:  low / medium / high / severe   Size of limb or part subject to failure:  < 6" / 6 - 18" / > 18-30" / > 30"

☐ If a failure were to occur, tree/limb is likely to strike a target. ______________________________

☐ Target can be moved ______________________________

☐ Hazard or conflict can be alleviated through reasonable tree modifications ______________________________

________________________________

________________________________

________________________________

________________________________

**Recommended Hazard/Conflict Corrections**

☐ Remove tree  ☐ Raise canopy

☐ Remove defective part ______________________________  ☐ Restructure

☐ Remove dead wood ______________________________  ☐ Other ______________________________
Tree Evaluation (cont.)

Likely causes of the tree's hazardous or conflicting condition
(e.g., improper pruning, building too close to tree, bark boring beetle)
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

☐ 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.
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

☐ Provide an explanation on how the appropriate tree protection measures will be implemented for the remaining tree (if applicable).
The Planning Division may request a written confirmation or photos that the protected measures were in place throughout the entire
time of construction.
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

☐ Spread of disease or insects from this tree is a concern.

Provide an explanation and recommendations (such as for debris disposal)
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

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

☐ None
☐ Irrigate less
☐ Keep water away from tree trunk
☐ Remove TPZ soil/debris
☐ Treat pests
☐ Cable/pin/support
☐ Remove/replace nursery stake
☐ Other

Other observations________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Arborist Signature: ___________________________________________ Date: _________________________