



Instructions

Arborist Verification of Major Pruning for Tree Health

County of Ventura • Resource Management Agency • Planning Division

800 S. Victoria Ave., Ventura, CA 93009 • (805)654-2488 • plan.counter@venturacounty.gov

<https://rma.venturacounty.gov/divisions/planning/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 the County of Ventura 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 County of Ventura 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.

Major Pruning for Tree Health. Major pruning involves pruning limbs or roots that are greater than 20 percent of the tree's girth or pruning that overall will amount to more than 20 percent of the trees canopy or root system. Major pruning is only justified for the health or stability of the tree. In the non-coastal zone, the only required documentation for approval of major pruning is the Arborist Verification, which must include photos and a simple site sketch. An Authorization Letter is issued by the Planning Division if approved. In the coastal zone, pruning of tree canopy greater than 20 percent requires a Planned Development (PD) Permit (i.e., a discretionary permit).

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" photos. Digital photos are requested.
- **Site Sketch or Plan.** In the case of requests for major pruning of protected trees, a simple site sketch prepared by the arborist must be included with the request.
- **Tree Protection Fencing Sketch or Plan.** The arborist must indicate on the site sketch any remaining trees that require tree protection fencing, and where that fencing should be located. 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 <https://rma.venturacounty.gov/divisions/planning/tree-permits-and-the-tree-protection-ordinance/>.



Cover Page

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STAFF USE	Case # _____
Date Received: _____	Received By: _____
# of Color Photos Rec'd (1 per tree min.) _____	<input type="checkbox"/> Proposed <input type="checkbox"/> After-the-fact
<input type="checkbox"/> Site Sketch Rec'd (required)	<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> No action

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

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Arborist should complete one evaluation per tree; however, if Section B information 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 _____

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

Section B

Tree location: (include distance from a fixed landmark) _____

Describe how pruning will help the health or stability of the tree _____

Recommended Health Pruning

- None
- Remove dead wood/stubs
- Structural pruning for stability
- Reduce/remove limb N / S / E / W
- Other _____

Estimated total number of branches to be pruned _____

Limb diameter of each of the above _____

Overall, _____ % of the tree's canopy recommended for pruning.

- 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 tree)

- None
- Irrigate less / more
- Keep water away from tree trunk
- Remove Tree Protection Zone soil/debris
- Treat pests _____
- Cable/pin/support
- Remove/replace nursery stake
- Other _____

Other observations _____

Arborist Signature: _____ Date: _____