

CITY COUNCIL AGENDA REQUEST FORM

Today's date: 10 / 25 / 16

Date of meeting 11 / 2 / 16

(City Council meetings are held the 1<sup>st</sup> and 3<sup>rd</sup> Wednesday of each month.)

Name of Citizen, Organization, Elected Official, or Department Head making request:

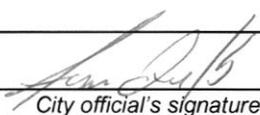
Jared Yost, Urban Forester

Address: 1123 Lake Street

Phone number and email address: 208-265-1480

Authorized by: Aaron Qualls

*name of City official*



*City official's signature*

(Department Heads, City Council members, and the Mayor are City officials.)

Subject: Request for tree removal 521 N 6th Avenue

Summary of what is being requested: Removal of dying tree adjacent to garage and carport.

Limbs that have died could be hazardous if not pruned or removed.

The following information **MUST** be completed before submitting your request to the City Clerk:

1. Would there be any financial impact to the city?  Yes  No

If yes, in what way? \_\_\_\_\_

2. Name(s) of any individual(s) or group(s) that will be directly affected by this action:

Have they been contacted? **Yes or No**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Is there a need for a general public information or public involvement plan? **Yes or No**

If yes, please specify and suggest a method to accomplish the plan:  Yes  No

\_\_\_\_\_  
\_\_\_\_\_

4. Is an enforcement plan needed? **Yes or No** Additional funds needed? **Yes or No**

Yes  No

Yes  No

5. Have all the affected departments been informed about this agenda item? **Yes or No**

Yes  No

**This form must be submitted no later than 6 working days prior to the scheduled meeting. All pertinent paperwork to be distributed to City Council must be attached.**

**ITEMS WILL NOT BE AGENDIZED WITHOUT THIS FORM**

**CITY OF SANDPOINT  
AGENDA REPORT**

**DATE: 10/11/16**

**TO: MAYOR AND CITY COUNCIL**

**FROM: Jared Yost, Urban Forester**

**SUBJECT: Request for removal of tree 512 N 6<sup>th</sup> Avenue**

**DESCRIPTION/BACKGROUND:**

Approximately 80+ year old Norway maple is dying. About 45% of the canopy is dead and the limbs at minimum need to be removed. Removal of the dead limbs will leave a lopsided tree as they are mostly on the North side. Tree is likely dying due to its limited root growth space surrounded by a drive apron on the east and a compacted alley on the west. The dead tree limbs will become hazardous if not addressed.

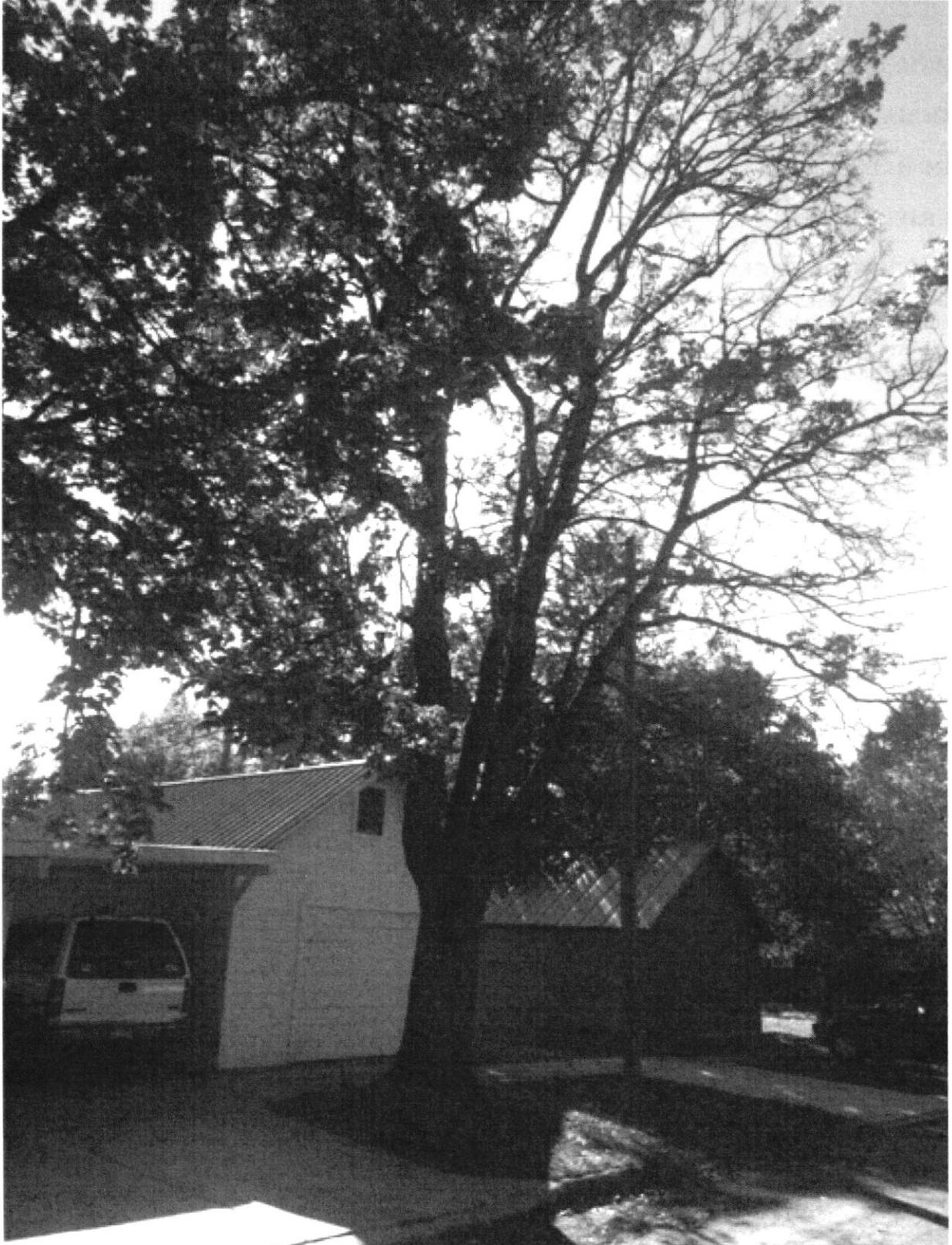
**STAFF RECOMMENDATION:** Approve removal. Tree Committee recommends allowing removal without the need to replace due to constricted location.

**ACTION:**

**WILL THERE BE ANY FINANCIAL IMPACT?**

**HAS THIS ITEM BEEN BUDGETED?**

**ATTACHMENTS:**







**CITY OF SANDPOINT URBAN FOREST  
PERMIT TO DO TREE WORK**

TYPE OF WORK: REMOVAL  PRUNE  PLANT  [Check appropriate box(es)]

Date Of Request: 9/14/16 Request Taken By: \_\_\_\_\_  
Name: Robert Camp  
Address: 521 N 6th Ave  
Person And Phone Number: Bob Camp 263-5809

All work will performed by \_\_\_\_\_  
(Landowner/ Representative)

Or by Ice Contractor if Permit is Approved, a contractor licensed by the city to  
(Contractor)

work on trees in the ROW or Parks, License number: \_\_\_\_\_, and will be complete in 30 days.

LOCATION, NUMBER, KIND OF TREES AND REASONS FOR REMOVAL, PRUNING OR PLANTING

(Attach additional pages if necessary):

Remove hazardous tree next to garage and Carport  
PRUNE dead limbs from trees on 6th Ave and Poplar St.  
Attached photo showing tree on 6th Ave in 1935 - Age of trees

Proposed Start Date: Oct 1st Proposed Finish Date: Oct 31st  
Property Owner's Name: Robert Camp Property Owner's Phone Number: 263-5809  
Property Owner's Address: 521 N 6th Ave Sdpt  
Work Site Address (If Different): \_\_\_\_\_

**Note: If your project will impair traffic flow on any City street, you will need to also apply at the Public Work Department for an Encroachment Permit at least 48 hours before work commences. 263-3407.**

APPLICANT'S SIGNATURE: (The property owner or designee agrees that s/he is familiar with the City's ordinances regarding its community forest and is familiar with the City's Arboriculture Manual that specifies practices in regard to public right-of-way trees. Holder of this permit agrees not to hold the City of Sandpoint or any employees thereof responsible for any liability by accident to permit. Any work improperly done by the holder of the permit will be assessed remediation costs.)

Robert Camp Date: 9/14/16

COMMUNITY FOREST PROGRAM: PRE-INSPECTED AND APPROVED BY:  
NAME: \_\_\_\_\_ DATE: \_\_\_\_\_ PHONE: \_\_\_\_\_

CITY REQUIREMENTS/ RECOMMENDATIONS:  
\_\_\_\_\_  
\_\_\_\_\_

NOTICE OF COMPLETION: POST-INSPECTION AND APPROVAL BY:

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_ PHONE: \_\_\_\_\_  
Instructions are on the back of this form.



ILIA COONS

JAN 1935

521 N 6<sup>th</sup> AVE

Selpt Id

Shows APPX. Age of trees @ N 6<sup>th</sup> AVE AND Poplar St.