



CITY OF ATLANTA

SHIRLEY C.
FRANKLIN
MAYOR

BUREAU OF BUILDINGS
ARBORIST DIVISION

STEVEN R. COVER, AICP
COMMISSIONER

Silvicultural Prescription Checklist

Provide the following:

Site Address

Ownership and contact numbers, including mailing address if different from site address

Size, location, and species of each tree being analyzed

Provide a map, locate site on vicinity map

Private Arborist's name and signature, ISA Certification of GA Registered Forester number

Company's name and address

Prescription must be provided on company's letterhead

Reports should address:

Scope of impact

How impact affects tree's health and stability (roots, trunk, and canopy)

Hazard potential

Two and 5-year survivability of trees

Assessment:

Destroyed vs. viability of trees

Prescription measures:

Soil, (e.g., mulching; alleviate compaction)

Roots and root collar

Trunk

Canopy: pruning regimen (eg., thinning, crown reduction)

No trimming, no topping, no tipping is allowed

Watering regimen - irrigation system

Treatments, e.g., growth regulators, pesticides, nutrients

If pesticides, **labeling** information must be provided

Indicate potential source of contamination

Provisions for monitoring tree if applicable

Submit a signed and paid in full invoice for the fulfillment of prescription

If there is a change in ownership, Private Arborist is responsible to continue prescription; notify us if the new owner opposes.

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