



CITY OF ATLANTA
DEPARTMENT OF PLANNING AND COMMUNITY DEVELOPMENT

SHIRLEY FRANKLIN
MAYOR

James E. Shelby
Commissioner

ARBORIST DIVISION
(404) 658-6977 fax

NO TREES IMPACTED STATEMENT

Date: _____

Permit Application Address: _____

Permit Application Number: _____

This is to certify that no trees (the tree, its Critical Root Zone and Root Save Area) will be impacted during construction at the above referenced location. I further certify that I understand the terms Critical Root Zone and Root Save Area as defined in the Atlanta Tree Protection Ordinance (Atlanta Code of Ordinances, section 158-26 through 158-11).

I understand that if I provide false or misleading information in this form, I will be in violation of the Atlanta Tree Protection Ordinance and will be subject to the payments and penalties set forth therein.

I have attached two photographs of the area where construction will occur.

Signature

Print your name

Relation of applicant to site