## BOUNDARY TREE AGREEMENT

**Important:** No party is required to enter into a Boundary Agreement. There is no obligation to sign this agreement or to consent to the proposed tree impact. If you have any questions about your rights or this agreement, contact City of Atlanta Arborist Division at arborist.dpcd@atlantaga.gov or 404-330-6874.

Date:					
Address of Boundary Neighbor who owns or co-owns free:	1	NE	NW	SE	SW
Address where construction will occur:	1	NE	NW	SE	SW
Permit Application Number:					

## TO WHOM IT MAY CONCERN:

,Neighbor Owner/Co-Owner (please print)	, owner of tree(s) located at the address above, give
Builder/Developer/Owner of property where construction is occurring (please print)	permission to destroy or impact said tree(s) listed
below during construction activities.	

List each tree by species, diameter at breast height (DBH), location, and whether it will be destroyed/impacted:

	Species	DBH	Location (front, rear, etc.)	Destroyed?	Impacted?
Tree 1					
Tree 2					
Tree 3					

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## **CHECK ALL BOXES THAT APPLY:**

**Destroyed Trees** — I have seen the site plan and am aware the tree(s) is considered destroyed. If the tree(s) is removed, it will be the builder/developer's cost. You or tree removal company must provide me with proof of workman's compensation and general liability insurance coverage, prior to removing tree. This insurance shall cover any damage to my property during tree removal process. Replacement tree(s), planted on my property, will be selected by me using the Arborist Division's list of recommended trees.

Impacted Trees — I have seen the site plan and am aware that a tree(s) is wholly or partly on my property is proposed to be impacted by construction. I understand that the impact to my tree(s) exceeds 20%, requiring a prescription but that impact shall not exceed 33% of the tree's critical root zone and that the structural root plate of my tree(s) will remain protected throughout construction. I have been provided a silvicultural prescription stamped PAID. The prescription was developed by an International Society of Arboricultural Certified Arborist and accepted by the Arborist Division. This prescription cannot be canceled, terminated, or otherwise modified without my consent and approval of the Arborist Division. I give the certified arborist right-of-entry to my property to treat tree(s) according to prescription.

Yes, I would like \_\_\_\_\_ new tree(s) planted on my property. Replacement tree(s), planted on my property,

will be selected by me using the Arborist Divis builder/contractor according to the City of Atla	sion's list of recommended trees, and will be planted by the anta Tree Ordinance.
No, I do <u>not</u> want a replacement tree planted	on my property.
Print name of Neighbor Owner/Co-Owner of tree(s)	Print name of Builder/Developer
Signature of Neighbor Owner/Co-Owner of tree(s)	