

Office of Buildings – Arborist Division 55 Trinity Avenue, Suite 3800 Atlanta, Georgia 30303 Tel: 404.330.6874

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## ARBORICULTURAL PRESCRIPTION FORM

Date:						
Project Address:						$\square$ NE $\square$ NW $\square$ SE $\square$ SW
Property Owner Information:						
Owner's Name:						
Owner's Address:						
Owner's Email:		Phone			e:	
Certified Arborist's Information who will execute the treatment plan:						
Company Name:						
Company Address:						
Company Phone:						
Arborist's Name:			Phone:			
Arborist's Email:						
Arborist's Certification Type and Number/Year Qualified:						
Tree Information:						
Date of Inspection:						
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Date of Prepared Report:  Type of Inspection:			☐ TRAQ Level 2 ☐ TRAQ Level 3			
Tree location i.e., facing			☐ TRAQ Level 2	☐ TRAQ Level 3	<u> </u>	
front of house from street:						
Species:	☐ Pine ☐	Hardwo	od □ Species, if known:			**Tree #:
DBH:		Heigh	t:	Crown Spread:		Degree of Lean:
Vigor:	□ Low □	Normal	□ High	-		
Are documents related to Estimation of Value/Significance/Suitability included? ☐ Yes ☐ No						
Please detail impact to the critical root zone, trunk and/or canopy:						
Han the impact according to the state of the						
Has the impact caused a potential hazard? If so, please provide an explanation as to how.						
Based on your report do you believe prescriptive measures will allow the tree to retain						
a "fair" or "good" condition rating? If you answer yes, please attach a detailed proposal						
of the work to be performed. The proposal must include dates of proposed treatment.						

## Note:

<sup>\*\*</sup>If applicable, tree number to correspond with the site plan. Approved Arborist drawings may be used.