CITY OF SAUSALITO VIEW CLAIM – REQUEST FOR ADVISORY DECISION

APPLICATION

TRP

APPLICANT (AKA CLAIMANT) INFORMATION Name	
Address	
Day Phone	Email Address
PROPERTY OWNER INFORMATION (I Name	f different from applicant)
Address	
Day Phone	Email Address
TREE OWNER INFORMATION Name	
Address	
Day Phone	Email Address
DATES OF PRIOR ACTIONS Claimant's Written Request to Tree C	Owner for Initial Reconciliation (Required)
Claimant's Written Request to Tree C	Owner for Mediation (Required)
Claimant's Written Request to Tree C	Owner for Binding Arbitration (Optional)

On supplemental sheet(s), describe the following:

- VIEW, including extent of view that existed when Claimant purchased property
- VIEW OBSTRUCTION, including percentage of total view obstructed
- BENEFITS DERIVED FROM TREE(S), including privacy and wind screening provided by tree(s) to Tree Owner; impact on use, economic value and enjoyment of Tree Owner's property
- BURDENS CREATED BY TREE(S), including impact on use, economic value and enjoyment of Claimant's property
- REQUESTED ACTION(S), for example, thinning, shaping, topping, removal, replacement
- PROPOSED ALLOCATION OF COSTS

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APPLICANT/CLAIMANT'S AND PROPERTY OWNER'S AUTHORIZATION AND VERIFICATION I (We) hereby grant permission for the Trees and Views Committee members and any City Officials to enter the Property Owner's property to inspect the tree(s) for making an advisory decision on this View Claim. If a quorum (three or more members) of the Trees and Views Committee meets on the property, a publicly-noticed meeting is required and interested parties are allowed to enter the property during the publicly-noticed meeting. I (We) grant this permission subject to the following conditions. If none, check here [] I (We) hereby declare under penalty of perjury under the laws of the State of California that the information in this application and the accompanying materials are true, complete, and correct. **SIGNATURES** Applicant/Claimant Date Permit Fee Paid Receipt No. Property Owner Date By (Initials) Date Stamp For questions contact: Community Development Department 420 Litho Street Sausalito, CA 94965 415/289-4128 Voice 415/339-2256 Fax

 $I:\CDD\Forms\Planning\Applications\Trees\View\ Claim\ Application\ -2.doc \quad Revised\ January\ 10,\ 2011$