



City of
**Mountain
View**

Permit Sheet (for office use only)

LOCATION OF TREE (address): 5 Forest Glen Street

VERIFIED:

(1) Liquidambar

☐ Street Tree

☒ Private Tree

☐ Property Owner

☐ Tree Type

☐ Circumference

☐ Map

☐ Replant Plan

CONDITION OF TREE(S) AND CONDITIONS AFFECTING THE TREE(S):

Located approximately 8 feet away from front of home. Applicant noted the tree caused damage to the irrigation system in front of home, it appears the irrigation system can be repaired with minimal impact. Repair for lifting of concrete step to front of home should impact only a small number of roots. Street has minor uplifting and cracks appear to be related to weather and use of roadway. (112)

☐ RECOMMEND APPROVAL

☒ RECOMMEND DENIAL

Mark Z

Arborist

2-18-2025

Date (MM/DD/YY)

☐ APPROVED

☒ DENIED

[Signature]

Forestry Manager

2/18/25

Date (MM/DD/YY)

APPROVED REPLANT PLAN:

No. of Trees to Replant: N/A Species: _____ Size: _____

Location of Replant: _____

Timeline for Removal: _____

Timeline for Replant: _____

EFFECTIVE DATE: _____ (permit expires two years from effective date)

ACTIONS:

DATE

STAFF

Notice posted on trees

Applicant notified of decision by mail:

☐ APPROVED or ☐ DENIED

If no appeals, the permit mailed.

(2/2) Does not meet ordinance criteria for removal.

Application History

1/24/2025 05:27:27 am - Application started
1/24/2025 05:31:6 am - Status Update: SubmitStart
1/24/2025 05:31:7 am - Created project HTR-9225 in PDox
1/24/2025 05:31:7 am - Created project HTR-9225 in PDox
1/24/2025 05:31:7 am - Status Update: Complete
1/24/2025 05:31:6 am - Application submitted

Request Name: Deodar Cedar Tree Removal

HTR-9225

Heritage Tree Removal Permit Application

Project Information

COMPLETE

Address information is verified using the City of Mountain View's address database, which can be accessed using the [City's online GIS](#). If your address does not appear after typing in the address numbers, please contact the Mountain View Building Division at 650-903-6313. Please note: Street directions are abbreviated (e.g. West = W) and no punctuation is included (e.g. 500 W Castro St.)

Project Address *

5 Forest Glen St

REQUIRED: Address must be entered and selected from the dropdown list to populate all required address fields. If all required address fields are not populated, the application will not be accepted.

Project City *

Mountain View

Project State *

CA

Project Zip Code *

94043

Project Assessor Parcel Number

15008052

Heritage Tree Removal Information

COMPLETE

Property Type *

Multi-Family Residential Property

Where is the Heritage Tree(s) located on the property? *

On private property

Number of Trees Proposed to be Removed *

1

Proposed Tree Removal No. 1

COMPLETE

Type of Tree Species *

Cedar tree

Tree Circumference (in inches, measured 54" above grade) *

21.6

Reason for Tree Removal:

Roots are lifting walkway and damaging irrigation lines

Current Condition of Tree (Check all that apply) *

- Tree is in poor health
- Tree is in danger of falling
- Tree is diseased with pests, insects, and/or beetles
- Tree is near end of the life span
- Tree is dead
- Tree has poor structure and/or an unbalanced canopy
- Tree is in good or fair health

Is the tree impacted by construction activity or existing conditions? Check all that apply: *

- Tree does not have proper growth space
- Tree removal is necessary to construct new improvements
- Tree is interfering with utility services (.g. electricity, gas, sewer, and/or water lines)
- Tree is growing in close proximity to a structure(s) and causing damage (or will in the near future)
- Other reason

Please briefly describe your effort(s) to preserve the tree *

There is no way to preserve this tree, it is causing damage to walkway and irrigation

Tree Replanting Information

COMPLETE

No. of Trees Proposed to be Replanted *

1

The City's standard replacement requirement is 2 new trees for every 1 heritage tree removed. An in-lieu fee may be authorized if replacement is not feasible.

**Estimated Time to Plant
Replacement Trees (following
permit approval) ***

30 Days



Property Owner Information

COMPLETE

Property Owner is logged in as current user.

First Name *

Selena

Last Name *

Gillette

Address *

4080 Campbell Avenue

Address (Continued)

City *

Menlo Park

State *

CA

Zip Code *

94025

Email

[REDACTED]

Phone Number

[REDACTED]

Applicant Information

COMPLETE

Applicant is current logged in user.

Applicant First Name *

Cherie

Applicant Last Name *

Malic

Applicant Phone Number *

[REDACTED]

Applicant Email Address *

[REDACTED]

Applicant Address *

[REDACTED]

Applicant Address (Continued)

Applicant City *

San Mateo

Applicant State *

CA

Applicant Zip Code *

94402

Signature

COMPLETE

I hereby declare that I have read and understood the above information, and:

I acknowledge that:

1. I understand and agree that clicking on the box above identifies that I am the authorized applicant, as designated by the property owner(s), on this permit;
2. I hereby declare, under penalty of perjury, that the information stated on forms, plans, documents, and other materials submitted herewith in support of the application is true and correct to the best of my knowledge; and
3. It is my responsibility to inform the City, through the staff assigned to my permit, of any changes to information represented in this application submittal, including subsequent submittals, in a timely fashion.

Applicant: Cherie Malic

Signature date: 2025-01-24 05:31 AM

Payment Details

[Home](#) | [Profile](#)