



## Boundary Tree Agreement

DATE: \_\_\_\_\_

TREE OWNER OR CO-OWNER ADDRESS: \_\_\_\_\_

CONSTRUCTION ADDRESS: \_\_\_\_\_

TO WHOM IT MAY CONCERN:

I, \_\_\_\_\_ (print name) **owner/co-owner** of the tree(s) give \_\_\_\_\_ (print name) **builder/developer** permission to destroy or impact the tree(s) that straddle(s) the boundary of the two said properties during construction activities.

**List each tree's species, diameter at breast height, location (front/rear/side yard, fully on owner's property or on property line) and whether it is destroyed or impacted:**

Tree 1: \_\_\_\_\_

Tree 2: \_\_\_\_\_

Tree 3: \_\_\_\_\_

**CHECK WHICH APPLIES (may be one or both conditions):**

**FOR TREES DESTROYED:** I have seen the site plan and am aware that the tree(s) is considered destroyed. If the tree(s) is/are removed, it will be at the expense of the developer/builder. The developer/builder or the tree removal company must provide me with proof of workman's compensation and general liability insurance coverage, prior to tree removal. This insurance shall cover any damage to my property during the tree removal process. Replacement tree(s), planted on my property, will be selected by me using the City of Chamblee's list of recommended trees.

**FOR IMPACTED TREES:** I have been provided with a silvicultural prescription stamped "PAID." The prescription was developed by an International Society of Arboricultural Certified Arborist and accepted by the City of Chamblee Development Department. This prescription cannot be canceled, terminated, or otherwise modified without my consent and the approval of the City of Chamblee. I give the certified arborist right-of-entry to my property to treat the tree(s) according to the prescription.

Property Owner or Co-Owner of Tree(s):

\_\_\_\_\_  
Print Name Signature

Builder/Developer:

\_\_\_\_\_  
Print Name Signature