



Department of
CITY PLANNING

Office of Buildings – Arborist Division
55 Trinity Avenue, Suite 3800
Atlanta, Georgia 30303
Tel: 404.330.6874
Email: treeappeal@atlantaga.gov

TREE CONSERVATION COMMISSION APPEAL FORM

Appeal of Decision of Administrative Official Regarding Trees

Date filed:		Appeal Number: (Office use only)	
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Description of Property			
Street Address:		<input type="checkbox"/> NE <input type="checkbox"/> NW <input type="checkbox"/> SE <input type="checkbox"/> SW	
Land Lot: (if available)		County:	
District: (if available)		Council District: (if available)	NPU: (if available)

Appellant(s) information List all appellants with name, address and phone number (attach page as needed)

Appellant 1:			
Address:		<input type="checkbox"/> NE <input type="checkbox"/> NW <input type="checkbox"/> SE <input type="checkbox"/> SW	
City:		Zip:	
Email:		Phone:	
Appellant 2:			
Address:		<input type="checkbox"/> NE <input type="checkbox"/> NW <input type="checkbox"/> SE <input type="checkbox"/> SW	
City:		Zip:	
Email:		Phone:	

Property Owner Information (if known)

Owner Name:			
Owner Address:		<input type="checkbox"/> NE <input type="checkbox"/> NW <input type="checkbox"/> SE <input type="checkbox"/> SW	
Owner Email:		Owner Phone:	

All documents submitted will be available to the members of the Commission prior to the presentation of your case. If applicable, please attach supporting reports or affidavits from licensed professionals (e.g.: independent arborists, structural engineers, etc.). If the appellant is **not the owner** of the property, please complete Attachment 2. If an **attorney is filing** or testifying on behalf of the appellant, please complete Attachment 3.

<p>NOTE: If you are appealing assessment of a fine or fee, please include amount:</p> <p>a) Fine \$ _____</p> <p>b) Fee \$ _____ (Illegal recompense)</p>	<p>1. What is the basis of your appeal? Check all that apply.</p> <p><input type="checkbox"/> Appeal of facts asserted in notice of illegal destruction of trees.</p> <p><input type="checkbox"/> Appeal of facts asserted in notice of illegal removal of trees.</p> <p><input type="checkbox"/> Appeal of fines for unpermitted removal or destruction of trees.</p> <p><input type="checkbox"/> Appeal of recompense fees.</p> <p><input type="checkbox"/> Request to permit tree(s) as dead, dying or hazardous was denied.</p> <p><input type="checkbox"/> Plan to remove tree(s) in association with construction was denied.</p> <p><input type="checkbox"/> Plan to remove tree(s) in association with landscaping plan was denied.</p> <p><input type="checkbox"/> Appeal of Preliminary Approval to remove trees (must complete Attachment 1).</p> <p><input type="checkbox"/> Other: _____</p>
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2. Have you obtained the relevant permits for your proposed project? Building permit, land disturbance permit, variance permit, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
3. What is the specific decision (and date of the decision if known) of the City Arborist you are appealing?	
4. What decision(s) do you want the Tree Conservation Commission to make?	
5. If there are other responsible parties (e.g. tree company, builder, landscape company, other) please provide contact information below. Please attach copies of any relevant invoices, cancelled checks, etc.	
6. Briefly summarize the proposed activities on the property.	
7. Please provide justification if you are claiming economic hardship in your ability to pay \$75 filing fee or fines/recompense. Provide a signed affidavit if you are asking for consideration based on income and assets or nonprofit status. If pertinent, provide a copy of your development impact fee waiver.	
8. Please provide complete written explanation if not covered in responses to questions above. (Attach additional pages as needed.)	

I hereby swear that all statements herein and attached herein are true and correct to the best of my knowledge and belief.

Appellant or Agent for Appellant

Date

Note: If appellant is an agent of the property owner, please complete Attachment 2.
If appellant is an attorney, please complete Attachment 3.



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**TREE CONSERVATION COMMISSION
SUPPLEMENTAL FORM FOR APPEALS OF PRELIMINARY APPROVAL
ATTACHMENT 1**

Note: Form is required **only** for appeals of **Preliminary Approval** by City Arborist

Date filed:		Appeal Number: (Office use only)	
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Appeal information:

Please state how you contend Preliminary Approval of the Tree Protection Plan does not comply with the City of Atlanta Tree Protection Ordinance. Ordinance available on the City of Atlanta Arborist Division webpage. Please include a general statement here and address specific issues below or on attached pages(s).

ISSUE/CONCERN #1

Brief statement of Issue 1:

Tree of concern. (Please list tree ID or species/DBH).

List applicable section(s) of ordinance:

ISSUE/CONCERN #2

Brief statement of Issue 2:

Tree of concern. (Please list tree ID or species/DBH).

List applicable section(s) of ordinance:



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ISSUE/CONCERN #3

Brief statement of Issue 3:

Tree of concern. (Please list tree ID or species/DBH).

List applicable section(s) of ordinance:

ISSUE/CONCERN #4

Brief statement of Issue 3:

Tree of concern. (Please list tree ID or species/DBH).

List applicable section(s) of ordinance:



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**TREE CONSERVATION COMMISSION
AUTHORIZATION BY PROPERTY OWNER
ATTACHMENT 2**

Note: Required only if the appellant is not the owner of the subject property and is filing on behalf of the owner. Form must be notarized.

I, _____, (Property Owner) swear I am the owner of the property at _____ (Property Address), as shown in the records of _____ County, Georgia which is the subject matter of the attached appeal. I authorize the person named below to act as appellant in the pursuit of this appeal.

Appellant 1:

Address:

NE NW SE SW

Email:

Phone:

Signature of Property Owner

Date

Personally appeared before me,

_____ (Print Name),

who swears the information contained in this authorization is true and correct to the best of his/her knowledge or belief.

Notary Public

Date



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**TREE CONSERVATION COMMISSION
AUTHORIZATION OF ATTORNEY
ATTACHMENT 3**

Note: Attachment 3 is required only if an attorney is filing an appeal on behalf of the owner of the subject property.

I swear, as an attorney at law, that I have been authorized by the owner of (subject property address) _____ to file the attached.

Please complete the below information:					
Name:					
Address:				<input type="checkbox"/> NE <input type="checkbox"/> NW <input type="checkbox"/> SE <input type="checkbox"/> SW	
City:		State:		Zip:	
Email:		Phone:			

Signature of Attorney

Date