APPROVED

Type 'A' Tree Removal Application

PO Box 458 * Veneta, OR 97487 * 541-935-2191 * Fax 541-935-1838 * www.venetaoregon.gov

Planning File: **TP-25-16**   Date Received #: **11/20/2025**

Application Fee.. No Charge

Applicant Name: Taylor & Ashley Bridges

Mailing Address: 87769 Oaks Orchard Rd

City/State/Zip: Veneta OR 97487

Applicant Phone: 5419135513   Applicant Email: tbridges87@gmail.com

Property Owner Name:

Mailing Address: 87769 Oaks Orchard Rd

City/State/Zip: Veneta OR 97487

Property Owner Phone: 5419135513   Property Owner Email: tbridges87@gmail.com

---

Assessor's Map Number (Township, Range, Section, Quarter Section)	Tax Lot(s)	Site Address	Zone
18-06-01-1-2	180601120470	87769 OAKS ORCHARD RD	LDR/SDP

Please provide a brief description of the trees proposed for removal, including common name, health and diameter at breast height (dbh @ 4 1/2' above grade) or circumference. (Note: dead trees do not count towards the three allowed removals, but should be indicated to allow verification of tree condition by City Staff.)

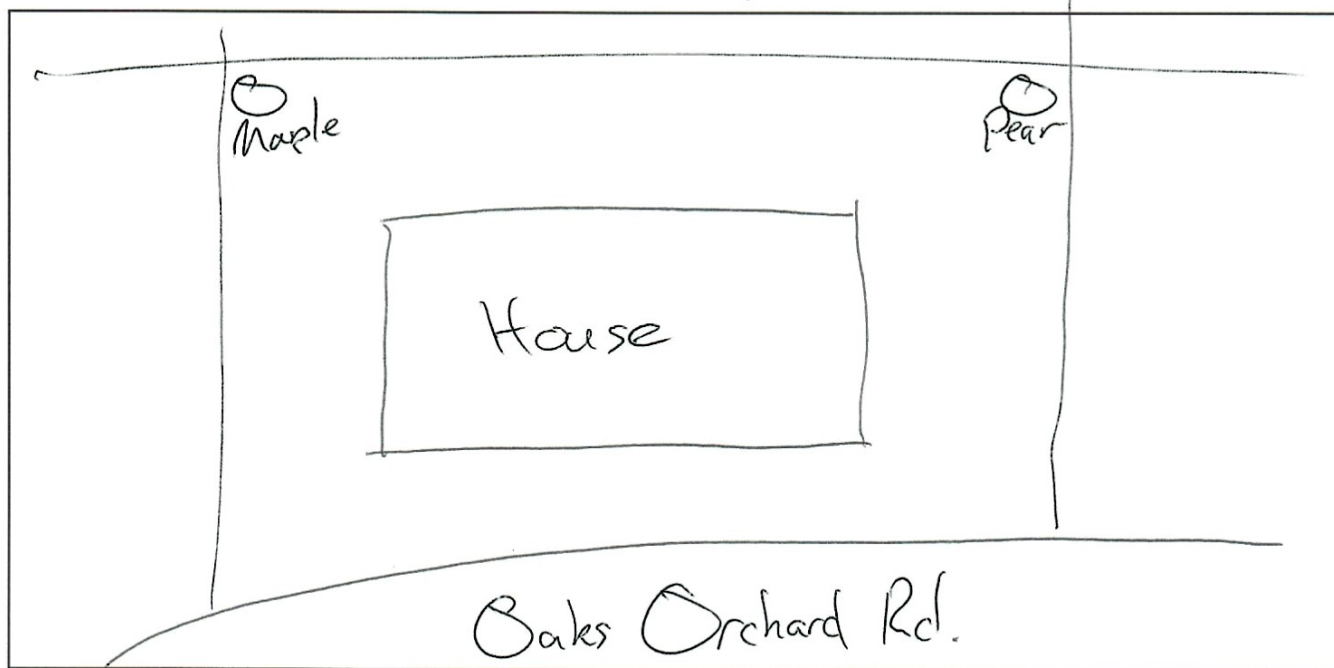| Tree #	Common Name	Health	DBH or Circ
1	Norway Maple	☑Good ☐Poor ☐Dead	12"
2	Pear	☐Good ☑Poor ☐Dead	9"
3		☐Good ☐Poor ☐Dead	
4		☐Good ☐Poor ☐Dead	
5		☐Good ☐Poor ☐Dead	
6		☐Good ☐Poor ☐Dead	

Please provide a brief explanation of why tree removal is necessary:

The trees both lost branches that impacted the surrounding fences and into neighbor's yards. Removal will prevent that in the fut

Additionally, they prevent light for garden as well as lawn, causing insect issues.

Would you like to receive assistance from the tree fund to plant a new tree? ☐Yes   ☉No
(Up to $200 per tree, up to 3 trees maximum. See the Tree Reimbursement Application or contact City staff for more details).

Please provide a sketch of the location and number of trees in relation to surrounding structures, property lines, etc., sufficient to allow City staff to locate the trees in question:

Maple

Pear

House

Oaks Orchard Rd.

I HEREBY STATE THAT THE FACTS RELATED IN THE ABOVE APPLICATION AND THE PLANS AND DOCUMENTS SUBMITTED HEREWITH ARE TRUE, COMPLETE, CORRECT, AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

Applicant's Signature: _____

Property Owner's Signature: _____

Staff Comments:

Approved with the following conditions:
Minimum of two trees required on property to meet landscaping requirements in VZDC 5.12(4).
Please keep signed copy of permit available during removal.

_____

_____

_____

_____

_____

_____   11/20/2025
Veneta Building & Planning Official   _____
                                                  Date