



CITY OF ATLANTA

M. KASIM REED
MAYOR

BUREAU OF BUILDINGS
ARBORIST DIVISION
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DEPARTMENT OF PLANNING
AND COMMUNITY
DEVELOPMENT

JAMES E. SHELBY
COMMISSIONER

AINSLEY CALDWELL,
ARBORICULTURAL MANAGER

TREE CONSERVATION COMMISSION APPEAL FORM

revised 3/18/10

NOTICE OF APPEAL OF DECISION OF ADMINISTRATIVE OFFICIAL REGARDING TREES

Date Filed _____ Appeal Number (office use only) _____

Name of Appellant(s) _____

List all appellants with name, address, and phone number (attach sheet if necessary)

Phone: home _____ cell/other _____

Mailing Address _____

Email Address _____

Name of Owner _____

Phone: home _____ cell/other _____

Mailing Address _____

Email Address _____

DESCRIPTION OF PROPERTY

Address of Property _____

Land Lot: _____ District: _____ County, GA.
(if available) (if available)

Council District _____

Neighborhood Planning Unit: _____

NOTICE OF APPEAL OF DECISION OF ADMINISTRATIVE OFFICIAL (continued)

Please provide the information below regarding your appeal case. This information will be available to the members of the Commission prior to the presentation of your case.

1. What is the basis of your appeal (please check all that apply).
 - Appeal of facts asserted in notice of illegal destruction of trees.
 - Appeal of facts asserted in notice of illegal removal of trees.
 - Appeal of fines for unpermitted removal or destruction of trees.
 - Appeal of recompense fees.
 - Request to permit tree(s) as dead, dying, or hazardous was denied.
 - Plan to remove tree(s) in association with construction was denied.
 - Plan to remove tree(s) in association with landscaping plan was denied.
 - Appeal of Preliminary Approval of a plan to remove trees.
 - Other _____

2. What is the specific decision (and date of the decision) of the City arborist that you are appealing?

3. What decision do you want the Tree Conservation Commission to make?

4. Please identify, by number, the relevant section of the City's Tree Protection ordinance according to which you contend the arborist made an erroneous decision (not necessary if appeal is for dead, dying, or hazardous tree designation). *(Note: If appeal is for denial of permit for dead, dying, hazardous, simply note "DDH" below; if you are appealing a decision regarding a tree on property on which you are not the owner, you must provide the relevant section of ordinance).*

NOTICE OF APPEAL OF DECISION OF ADMINISTRATIVE OFFICIAL *(continued)*

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

Sworn To and Subscribed Before Me This ____ Day of _____, 201 ____

Notary Public

Appellant or Agent for Appellant

If the owner and appellant is not the same, please complete Attachment 1. If an attorney is filing or testifying on behalf of the appellant, please complete Attachment 2.

Attachment 1

AUTHORIZATION BY PROPERTY OWNER

(Required only if appellant is not the owner of the property subject to the appeal.)

I, _____(OWNER's NAME)

SWEAR THAT 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.

NAME OF APPELLANT _____

ADDRESS _____

TELEPHONE NUMBER _____

Signature of Owner

Personally Appeared
Before Me

_____(print name)

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

Notary Public

Date

Note: This page (Attachment 1) is required only if the appellant is not the owner of the subject property, or if someone is acting on behalf of the owner.

Attachment 2

AUTHORIZATION OF ATTORNEY

I SWEAR, AS AN ATTORNEY AT LAW, THAT I HAVE BEEN
AUTHORIZED BY THE OWNER TO FILE THE ATTACHED

DATE

SIGNATURE OF ATTORNEY

NAME

MAILING ADDRESS

CITY

STATE

ZIP CODE

TELEPHONE NUMBER

Note: This page (Attachment 2) is required only if an attorney is filing an appeal on behalf of the owner of the subject property.