



Department of
CITY PLANNING

Office of Buildings – Arborist Division
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ARBORICULTURAL PRESCRIPTION FORM

Date:			
Project Address:			<input type="checkbox"/> NE <input type="checkbox"/> NW <input type="checkbox"/> SE <input type="checkbox"/> SW

Property Owner Information:			
Owner's Name:			
Owner's Address:			<input type="checkbox"/> NE <input type="checkbox"/> NW <input type="checkbox"/> SE <input type="checkbox"/> SW
Owner's Email:		Phone:	
Prescriber Information:			
Company Name:			
Company Address:			<input type="checkbox"/> NE <input type="checkbox"/> NW <input type="checkbox"/> SE <input type="checkbox"/> SW
Company Phone:			
Arborist's Name:		Phone:	
Arborist's Email:			
Arborist's Certification Type and Number/Year Qualified:			

Tree Information:			
Date of Inspection:			
Date of Prepared Report:			
Type of Inspection*:	<input type="checkbox"/> Level 2 <input type="checkbox"/> Level 3		
Tree location i.e., facing front of house from street:			
Species:	<input type="checkbox"/> Pine <input type="checkbox"/> Hardwood <input type="checkbox"/> Species, if known:	**Tree #:	
DBH:	Height:	Crown Spread:	Degree of Lean:
Vigor:	<input type="checkbox"/> Low <input type="checkbox"/> Normal <input type="checkbox"/> High		
Are documents related to Estimation of Value/Significance/Suitability included?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Please detail impact to the critical root zone, trunk and/or canopy:			
Has the impact caused a potential hazard? If so, please provide an explanation as to how.			
Based on your report do you believe prescriptive measures will allow the tree to retain a "fair" or "good" condition rating? If you answer yes, please attach a detailed proposal of the work to be performed. The proposal must include dates of proposed treatment. A paid in full invoice must also be submitted at that time.			<input type="checkbox"/> Yes <input type="checkbox"/> No

Note:

*Level 2 = , Level 3 =

**If applicable, tree number to correspond with the site plan. Approved Arborist drawings may be used.