

# OAK/CANOPY SITE ASSESSMENT FORM

# El Dorado County

## OAK/CANOPY SITE ASSESSMENT FORM

<b>Qualified Professional &amp; Contact Information:</b> <i>(attach qualifications)</i>		
<b>Property Owner's Name/APN(s):</b>		
<b>Address:</b>		
<b>General Plan Designation:</b>		
<b>Zoning:</b>		
<b>Project Description:</b> <i>(attach site photos)</i>		
<b>Would the project, directly or indirectly, have the potential to cause any impact, conflict with, or disturbance to:</b>	<b>YES</b>	<b>NO</b>
a) Individual landmark or heritage trees (of any species) subject to review under General Plan Policy 7.4.5.2?		
c) Oak woodland corridor continuity (General Plan Policy 7.4.4.5)?		
d) Sensitive or important oak woodland habitat as defined in the Guidelines?		
e) Movement of Wildlife and/or Any Wildlife Migration Corridor?		
f) Any Candidate, Listed or Special Status Plant or Animal Species observed or expected to occur on or adjacent to the project site?		
g) Is the affected area of oak canopy within or directly adjacent to an Important Biological Corridor or Ecological Preserve overlay?		
h) Does the removal of oak canopy comply with the retention requirements of Policy 7.4.4.4?		
i) Was project subject to prior County approval? (If yes, provide Tentative Map # and environmental documents if available)		
j) For Discretionary Projects, would the project have the potential to cause a significant environmental impact on biological resources?		
<i>I affirm that all of the information contained in this document is true and correct to the best of my knowledge and I acknowledge and agree that any material misinformation in this document can result in the denial or revocation of any permits or County approvals for this project.</i>		
<b>Qualified Professional:</b> _____	<b>Date:</b> _____	
<b>Applicant/Owner:</b> _____	<b>Date:</b> _____	

**Required Attachments: 1) Qualified Professional Qualifications; 2) Site Photos; 3) Required Tree Survey, Preservation, and Replacement Plan or Biological Resources Study and Important Habitat Mitigation Program (see Interim Interpretive Guidelines for El Dorado County Policy 7.4.4.4 Option A)**