



Design, Environment & Construction Division
 2635 Talley Street
 P.O. Box 220
 Decatur, Georgia 30031
 404-370-4104 • Fax: 404-378-5054
<http://www.decaturga.com>

Boundary Tree Agreement

Date: _____

 Tree Owner or Co-owner Address

 Construction Address

TO WHOM IT MAY CONCERN:

I, _____ (print name) **owner/co-owner** of the tree(s)
 give _____ (print name) **builder/developer**
 permission to destroy or impact my tree(s) that straddle(s) the boundary of my/our property during
 construction activities.

List each tree's species, diameter at breast height, location, and whether it is destroyed or impacted:

- Tree
1: _____
- Tree
2: _____
- Tree
3: _____

CHECK WHICH APPLIES (may be one or both conditions):

[] **FOR TREES DESTROYED:** I have seen the site plan and am aware that the tree(s) is considered destroyed. If the tree(s) is/are removed, it will be at the expense of the developer/builder. The developer/builder or the tree removal company must provide me with proof of workman's compensation and general liability insurance coverage, prior to tree removal. This insurance shall cover any damage to my property during the tree removal process. Replacement tree(s), planted on my property, will be selected by me using the City of Decatur's list of recommended trees.

[] **FOR IMPACTED TREES:** I have been provided with a silvicultural prescription stamped "PAID." The prescription was developed by an International Society of Arboricultural Certified Arborist and accepted by the City of Decatur Design, Environment and Construction Division. This prescription cannot be cancelled, terminated, or otherwise modified without my consent and the approval of the City of Decatur Landscape Infrastructure Coordinator. I give the certified arborist right-of-entry to my property to treat the tree(s) according to the prescription.

 Print Name of Owner/Co-owner of Tree(s)

 Print Name of Builder/Developer

 Signature of Owner/Co-owner of tree(s) & Date

 Signature of Builder/Developer & Date