

Time Work Began ____

Consulting Arborist Report Type 1

NYC Parks SECTION 1-Application Information CONSULTING FIRM NAME _FAX#_____EMAIL___ ____ISA CERTIFICATE NUMBER___ CONSULTING ARBORIST ONSITE___ _____CITY____ ___ZIP CODE___ MAILING ADDRESS_ _____TEL#___ CONTRACTOR/UTILITY COMPANY NAME___ CONTRACTOR/UTILITY COMPANY ADDRESS_ __ ZIP CODE___ WORK LOCATION: STREET ADDRESS CROSS STREETS BOROUGH _/___/__PERMIT NUMBER__ SECTION 2- Tree and Work Site Details (All mitigation work must be done in the presence of the CA) Remedial Work Required By NYC Parks **Attach Notes** 8 8 8 NOTES Distance From Tree To Excavation Area (inch) (At Closest Point) ias Service nstallation (I) – Repair (Retaining Wall nstallation (I) – Repair (stallation (I) - Repair Repair /ault nstallation (I) – Repair Sommunication nstallation (I) – Repair Sewer - Water Service nstallation/Repair Bed Dimension i.e. - 5ftx10ft runk Diameter (dbh) Dimensions W'xL'xD" i.e. - 5ftx10ftx36inch ree Protection Zone (Dbh X 1.5ft.) Sanopy Spread (Ft) Curb – Driveway -Sidewalk Electric Service Installation (I) – F Other: ATTACH Cable/Internet/ **Species** TREE Tree Be Gas 2 3 4 5 6 8 9 10 DESCRIBE IMPACTS AND ANY MITIGATION ACTIONS EMPLOYED WEATHER CONDITIONS ON DATE OF WORK (High temp, Precipitation, Etc.)

Date Revised: 1.16.2014 Page **1** of **4**

Time work concluded ___



SECTION 3- Photo Documentation

Please attach photos here. The Group of photos must include:

- A photo of the site before work begins
- A photo showing the distance from the tree to the excavation pit
- Close up photos of the excavation area (please include roots if exposed)
- Photos of all mitigation employed if applicable
- Photos of any roots that have been pruned (under 1 inch diameter only)
- Timestamp

Date Revised: 1.16.2014 Page **2** of **4**





Please attach photos here. The Group of photos must include:

- A photo of the site before work begins
- A photo showing the distance from the tree to the excavation pit
- Close up photos of the excavation area (please include roots if exposed)
- Photos of all mitigation employed if applicable
- Photos of any roots that have been pruned (under 1 inch diameter only)
- Timestamp

Date Revised: 1.16.2014 Page **3** of **4**

Consulting Arborist Report Type 1



Signature Certification

I hereby certify that I have presented an accurate and truthful re I have worked to ensure compliance with all accepted profession with all applicable laws, regulations, policies and ethical standard applicable laws, regulations, policies and ethical standards; or contain the properties of the properties of New 1 have immediately notified the appropriate representative of New 1 have 1	nal standards in arboricultural productions. In the event the contractor reated conditions that may pre-	practices and to ensure compliance has failed to comply with all sent a hazard to people or property, I
X	ISA Certification#	
DO NOT WRITE BELOW THIS LINE: FOR NYCDPR USE ONL	_Y	
NYC PARKS OFFICE USE ONLY:		
CONSULTING ARBORIST REPORT ☐ APPROVED	☐ REJECTED	DATE:
NYC DPR EMPLOYEE NAME	TITLE	

Date Revised: 1.16.2014 Page 4 of 4