



City of Victoria  
7951 Rose Street  
P. O. Box 36  
Victoria, MN  
55386  
(952) 443-2363

## PLANNING DEPARTMENT

# TREES & NOXIOUS WEEDS REMOVAL & REPLACEMENT PERMIT APPLICATION

A permit is required for removing noxious weeds within a wetland buffer. Absolutely no removal shall take place within a wetland buffer prior to review and approval of this application from both the City of Victoria and the Minnehaha Creek Watershed District. This application must include the following plans listed below. The applicant will be required to mark the items proposed to be removed as instructed by the Planning Department before an inspection will take place on behalf of the City. Use a copy of a current survey or a site plan of the property drawn at a suitable scale (11' x 17" or 8" x 10" preferred). You may call 952-443-4210 for City Hall to ask if a survey is available for the property. Please attach additional paper if needed to explain your request.

### Tree Preservation Plan

Two (2) copies of the proposed Tree Preservation and Tree Replacement Plan are required:

1. Existing and proposed buildings and structures.
2. Location, size, and type (species) of all trees over eight (8) inches in diameter currently on the property.
3. Location, size, and type (species) of all trees over eight (8) inches in diameter to be removed.
4. Replacement trees – Identify the location, size, and type (species) of all replacement trees.

### Wetland Buffer Preservation Plan

Two (2) copies of the proposed Plant Removal and Replacement Plan are required to include the following information if located within a wetland buffer:

1. Existing and proposed buildings and structures.
2. Location, size, and type (species) of all noxious weeds or diseased trees to be removed.
3. Replacement trees/plants – Identify the location, size, and type (species) of all replacement trees/plants.

## SECTION 1

### APPLICANT INFORMATION:

Please print clearly or type the following information.

APPLICANT'S NAME			ADDRESS	PHONE NUMBER(S)	
LOT	BLOCK	SUBDIVISION	CITY	STATE	ZIP

## SECTION 2

Please indicate which plant removal you are applying for by placing an "X" next to the application type. Live trees 8" in diameter or greater are required to be replaced per Tree Preservation and Replacement Ordinance No. 218, Section 409:00 and Sections 30-721 through 30-786 of the City Code of Ordinance.

**LIVE TREE(S)**  
How many? \_\_\_\_\_

**NOXIOUS WEED(S)**  
Type of weeds (if known) \_\_\_\_\_  
Area (ex. about 3 square feet) \_\_\_\_\_

**DEAD TREE(S)**  
How many? \_\_\_\_\_

**OTHER**  
(Please explain in Section 3) \_\_\_\_\_

**DISEASED TREE(S)**  
How many? \_\_\_\_\_



**SECTION 4**

**REPLACEMENT PLANTINGS (proposed planting):**

<b><u>Replacement Trees:</u></b>		
<b>How many</b>	<b>Size</b>	<b>Type (species)</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Schedule:**  
Removal Date \_\_\_\_\_ Installation Date \_\_\_\_\_

If the property is for sale, Replacement Trees must be planted prior to the issuance of a Certificate of Occupancy, or other appropriate arrangements must be made.

<b><u>Replacement Shrub(s)/other planting:</u></b>		
<b>How many</b>	<b>Size</b>	<b>Type (species)</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Schedule:**  
Removal Date \_\_\_\_\_ Installation Date \_\_\_\_\_

**SECTION 6**

You must provide the contact information for who will be conducting removals and installations of plantings.

**CONTRACTOR REMOVING**

CONTRACTOR (Name)	PHONE #	ADDRESS	CITY	STATE	ZIP
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**CONTRACTOR INSTALLING**

CONTRACTOR (Name)	PHONE #	ADDRESS	CITY	STATE	ZIP
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**SECTION 7**

**REQUIRED INSPECTION:**

The applicant will be required to mark the proposed items to be removed as instructed by the Planning Department before an inspection takes place on behalf of the City. Separate documentation must be attached with this application from a certified landscape architect or an arborist stating that they have inspected and confirmed the diseased trees or noxious weeds.

CONTACT PERSONS NAME / TITLE / ORGANIZATION	PHONENUMBER
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**SECTION 8**

This application must be completed in full and be typewritten or clearly printed and must be accompanied by all information and plans required by applicable City Ordinance provisions. Before filing this application, you should confer with the Planning Department to determine the specific ordinance and procedural requirements applicable to your application.

A determination of completeness of the application will be made within ten business days of application submittal. A written notice of application deficiencies shall be mailed to the applicant within ten business days of application.

This is to certify that I am making application for the described action by the City and I am responsible for complying with all City requirements with regard to this request. This application should be processed in my name and I am the party whom the City should contact regarding any matter pertaining to this application. I am the authorized person to make this application and the fee owner has also signed this application.

I will keep myself informed of the deadlines for submission of material and the progress of this application. The documents and information I have submitted are true and correct to the best of my knowledge.

\_\_\_\_\_  
Print / typewritten  
**PROPERTY OWNER** Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Print / typewritten  
**APPLICANT** Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Print / typewritten  
**REMOVAL CONTRACTOR** Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Print / typewritten  
**INSTALLATION CONTRACTOR** Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Print / typewritten  
**CERTIFIED LANDSCAPER/ARCHITECT  
or ARBORIST** Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Print / typewritten  
**FEE OWNER** Signature \_\_\_\_\_ Date \_\_\_\_\_

**SECTION 7**

This section is required to be filled out by staff.

**PLANNING DEPARTMENT**

\_\_\_\_\_ RECOMMENDATION TO APPROVE

\_\_\_\_\_ RECOMMENDATION TO APPROVE  
WITH ADDITIONAL COMMENTS  
OR SPECIAL INSTRUCTIONS

\_\_\_\_\_ RECOMMENDATION TO DENY

This application on \_\_\_\_/\_\_\_\_/\_\_\_\_

Signed by: \_\_\_\_\_

Title/Position: \_\_\_\_\_

**ADDITIONAL COMMENTS / INSTRUCTIONS:**

(May include dates inspected the site and notes)

Documented below     Attached with application

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**SECTION 7**

This section is required to be filled out by staff only if the applicant has answered "YES" to Section # 3 of this application regarding asking "Are you proposing removal of a tree(s) or noxious weeds within a wetland buffer?"

**MINNEHAHA CREEK WATERSHED DISTRICT**

\_\_\_\_\_ RECOMMENDATION TO APPROVE

\_\_\_\_\_ RECOMMENDATION TO APPROVE  
WITH ADDITIONAL COMMENTS  
OR SPECIAL INSTRUCTIONS

\_\_\_\_\_ RECOMMENDATION TO DENY

Signed by: \_\_\_\_\_

Title/Position: \_\_\_\_\_

**ADDITIONAL COMMENTS / INSTRUCTIONS:**

(May include dates inspected the site and notes)

This application on \_\_\_\_/\_\_\_\_/\_\_\_\_

Documented below  Attached with application

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