



# CITY OF ATLANTA

OFFICE OF BUILDINGS  
ARBORIST DIVISION  
55 TRINITY AVENUE, S.W., SUITE 3800  
ATLANTA, GEORGIA 30303-0309  
Tel: 404.330.6874 Fax: 404.546.8758  
Email: [kaevans@atlantaga.gov](mailto:kaevans@atlantaga.gov)

## TREE CONSERVATION COMMISSION APPEAL FORM

*Revised 5/10/16*

### NOTICE OF APPEAL OF DECISION OF ADMINISTRATIVE OFFICIAL REGARDING TREES

Date Filed \_\_\_\_\_ Appeal Number (office use only) \_\_\_\_\_

Name of Appellant(s) \_\_\_\_\_  
List all appellants with name, address, and phone number (attach sheet if necessary)

Phone: home \_\_\_\_\_ cell/other \_\_\_\_\_

Mailing Address \_\_\_\_\_

Email Address \_\_\_\_\_

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Name of Owner \_\_\_\_\_

Phone: home \_\_\_\_\_ cell/other \_\_\_\_\_

Mailing Address \_\_\_\_\_

Email Address \_\_\_\_\_

### DESCRIPTION OF PROPERTY

Address of Property \_\_\_\_\_

Land Lot: \_\_\_\_\_ District: \_\_\_\_\_ County, GA.  
(if available) (if available)

Council District \_\_\_\_\_

Neighborhood Planning Unit: \_\_\_\_\_

NOTICE OF APPEAL OF DECISION OF ADMINISTRATIVE OFFICIAL (continued)

*Please provide the information below regarding your appeal case. This information will be available to the members of the Commission prior to the presentation of your case.*

1. What is the basis of your appeal (please check all that apply).
  - Appeal of facts asserted in notice of illegal *destruction* of trees.
  - Appeal of facts asserted in notice of illegal *removal* of trees.
  - Appeal of *fines* for unpermitted removal or destruction of trees.
  - Appeal of *recompense fees*.
  - Request to permit tree(s) as dead, dying, or hazardous was denied.
  - Plan to remove tree(s) in association with construction was denied.
  - Plan to remove tree(s) in association with landscaping plan was denied.
  - Appeal of Preliminary Approval of a plan to remove trees.
  - Other \_\_\_\_\_

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2. What is the specific decision (and date of the decision, if available) of the City arborist that you are appealing?
  
  
  
  
  
  
  
  
  
  
3. What decision do you want the Tree Conservation Commission to make?
  
  
  
  
  
  
  
  
  
  
4. Please identify, by number, the relevant section of the City's Tree Protection ordinance according to which you contend the arborist made an erroneous decision (not necessary if appeal is for dead, dying, or hazardous tree designation). *(Note: If appeal is for denial of permit request for dead, dying, hazardous tree, simply note "DDH" below; if you are appealing a decision regarding a tree on property on which you are not the owner, you must provide the relevant section of ordinance. A copy of the tree protection ordinance is available at [www.atlanta.treecommission.com](http://www.atlanta.treecommission.com) and [www.municode.com](http://www.municode.com)).*



**NOTICE OF APPEAL OF DECISION OF ADMINISTRATIVE OFFICIAL** *(continued)*

I hereby swear that all statements herein and attached herein are true and correct to the best of my knowledge and belief.

Sworn To and Subscribed Before Me This \_\_\_\_ Day of \_\_\_\_\_, 200 \_\_\_\_

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Appellant or Agent for Appellant

*If the owner and appellant is not the same, please complete Attachment 1. If an attorney is filing or testifying on behalf of the appellant, please complete Attachment 2.*

**Attachment 1**

**AUTHORIZATION BY PROPERTY OWNER**

(Required only if appellant is not the owner of the property subject to the appeal.)

I, \_\_\_\_\_(OWNER's NAME)

SWEAR THAT I AM THE OWNER OF THE PROPERTY AT \_\_\_\_\_  
\_\_\_\_\_(PROPERTY ADDRESS),

AS SHOWN IN THE RECORDS OF \_\_\_\_\_ COUNTY, GEORGIA WHICH IS  
THE SUBJECT MATTER OF THE ATTACHED APPEAL. I AUTHORIZE THE PERSON  
NAMED BELOW TO ACT AS APPELLANT IN THE PURSUIT OF THIS APPEAL.

NAME OF APPELLANT \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

\_\_\_\_\_  
Signature of Owner

Personally Appeared  
Before Me

\_\_\_\_\_(print name)

Who swears that the information  
contained in this authorization is  
true and correct to the best of  
his/her knowledge or belief.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Date

*Note: This page (Attachment 1) is required **only** if the appellant is acting on behalf of the owner is **not** the owner of the subject property.*

**Attachment 2**

AUTHORIZATION OF ATTORNEY

I SWEAR, AS AN ATTORNEY AT LAW, THAT I HAVE BEEN  
AUTHORIZED BY THE OWNER TO FILE THE ATTACHED

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF ATTORNEY

\_\_\_\_\_  
NAME

\_\_\_\_\_  
MAILING ADDRESS

\_\_\_\_\_  
CITY

STATE

ZIP CODE

\_\_\_\_\_  
TELEPHONE NUMBER

*Note: This page (Attachment 2) is required **only** if an attorney is filing an appeal on behalf of the owner of the subject property.*