



Ridgecrest Homeowners Association, Architectural Control Committee
 691 Bethel Avenue, P.O. Box 706
 Port Orchard, WA 98366

GREENBELT DANGER TREE REMOVAL & FOLIAGE CULLING FORM

Dear Ridgecrest property owner,

In accordance with RHA Covenant By-laws Section 1 Article VII and Kitsap County Code 19.100.130 Section C, this form is provided for your convenience. Please submit describing in detail the work you wish to do in the Greenbelt, along with photos substantiating the need to cull trees or foliage that threatens your property. Please note that only RHA plat owners may submit this request and that all owners of the property must sign for the submission to be accepted. Please contact one of the ACC Members for an on-site visit after you complete this form. If approved; the initiator of this form agrees to hold harmless the Board of Directors, ACC Members and the Association of any accidental or physical harm caused to the person or property during the removal of the designated trees or foliage. A report to the ACC upon completion is agreed to and all trees and foliage will remain on the ground. Culling permission will automatically be withdrawn within 30 days.

From: Name _____ Address _____
 Mailing address if different _____
 Lot # _____ Tel.# _____

To: Kitsap County Community Development (KCCD) Department, Planning Department
 MS 36, Dwight Street, Port Orchard, WA 98366. Attention: Steve Heacock
Via: Ridgecrest Homeowners Association, Chairman Architectural Control Committee
 691 Bethel Avenue, P.O. Box 706, Port Orchard, WA 98366

1. Attach photographs. Take close-up photo of leaf or branch.
2. Size of tree [circumference] & estimated height
3. Type of tree; fir, deciduous, tamarack, etc. & dead or alive.

PLEASE DESCRIBE in DETAIL EXACTLY WHAT YOU WANT TO DO THE GREENBELT IS TO REMAIN PRISTINE: DEAD TREES THAT ARE NOT A DANGER TO PERSON OR PROPERTY ARE TO BE LEFT AS IS. USE EXTRA SHEETS AS NECESSARY.

All submitted forms and photos become the property of the Ridgecrest Homeowners Association.

Attach Drawings/Sketch and or photos:

 Signature(s) of Owner Co-owner [must co-sign] Date

This will be signed approved by RHA ACC upon receiving permission from KCDD.

Signature of RHA ACC Chairman _____ Date _____

Submit Form in person to one of the ACC Members on attached list or via U.S. Mail to:
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