

**GOVERNMENT OF THE DISTRICT OF COLUMBIA  
DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS  
OFFICE OF THE ZONING ADMINISTRATOR**



**TREE & SLOPE INFORMATION FORM**

IN COMPLIANCE WITH THE D.C. ZONING REGULATIONS, DCMR Title 11, Sections 1511, Trees & Slope Protection (TSP) Overlay, Section 1519, Forest Hills Overlay, Section 1568, Chain Bridge/University Terrace Overlay Districts, SPECIFIED TREES MUST BE SHOWN ON ALL APPLICATIONS\*

FAILURE TO NOTIFY THE ZONING OFFICE OF THIS INFORMATION MAY RESULT IN A FINANCIAL PENALTY AND/OR PERMIT DENIAL. All applications for any kind of construction (i.e. –greenhouses, additions, decks, etc.) must be accompanied by this form.

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Check the appropriate response:

- I am constructing on a lot that has regulated tree(s). (Trees of 12 inches or more in circumference measured at 4.5 feet above ground are regulated). (Affidavit on the back of this form must be completed if checked)
- I am constructing on a lot that has no regulated tree(s) (Trees of 12 inches or more in circumference measured at 4.5 feet above ground are regulated).
- I hereby certify that the proposed construction will cause NO DISTURBANCE WITHIN THE DRIPLINE (outer perimeter of the crown) OF ANY TREE GREATER THAN 12 INCHES IN CIRCUMFERENCE.
- I have regulated trees on my property and will need an Arborist or other care professional Report before I can receive my permit. (Affidavit on the back of this form must be completed if checked)

Date \_\_\_\_\_

Signature \_\_\_\_\_  
Owner or Authorized Agent

Lot size \_\_\_\_\_  
(square feet)

Lot \_\_\_\_\_ Square \_\_\_\_\_

Property address \_\_\_\_\_

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1100 4<sup>th</sup> Street, S.W., 3<sup>rd</sup> Floor, Washington, DC 20024  
Phone: (202) 442-4576 Fax: (202) 442-4871

\*See 11 DCMR Sections 1511, 1519, and 1568 for further information.

**AFFIDAVIT  
TREE & SLOPE PROTECTION (TSP), FH/TSP, CB/UT OVERLAY  
DISTRICTS**

**This form must be completed, signed and notarized by the owner or authorized agent and must be accompanied by a set of two topographic site plans, complete with contour lines, and the number and location of regulated trees existing on subject site. Topographic plans should show total lot occupancy and impervious surface areas.**

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

Lot \_\_\_\_\_ Square \_\_\_\_\_

1. How many regulated trees will be removed? \_\_\_\_\_  
(Provide statement from Arborist or other tree care professional as proof of basis for removal of tree(s), if applicable)
2. List the circumference of each tree to be moved? \_\_\_\_\_
3. What is the total circumference of all trees to be removed? \_\_\_\_\_
4. What is the impervious surface ratio on subject property? \_\_\_\_\_%
5. Does subject property abut an environmentally sensitive natural area? \_\_\_\_\_  
e.g. parkland, stream beds, etc: If so, provide impact statement of adverse effect, if any of proposed construction on adjacent subject area.

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I hereby certify that the information provided on this form is true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature of Owner/Authorized Agent

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**Notary:**

Subscribed and duly sworn to before me by the above named applicant, on this \_\_\_\_\_ day of \_\_\_\_\_

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

My Commission Expires \_\_\_\_\_, 20 \_\_\_\_\_