



CITY OF
FOLSOM
DISTINCTIVE BY NATURE

SUPPLEMENTAL TREE MITIGATION WORKSHEET

Applicant Name: _____ **Project Address:** _____ **Date:** _____

TABLE A: Removal/Critical Impacts to Protected Trees <i>Inside</i> the Building Setbacks						
Tree Tag #	DSH (inches) (base mitigation)	*Arborist Rating	**Adjustment Factor (AF)	***50% Reduction	Final Mitigation (inches)	Equivalent In-Lieu Fee (inches x 250)
						\$
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						\$
TOTAL:						\$

***Arborist Rating**
 - Based on the health and structure
 Of a tree by an ISA certified arborist
 -Subject to City Arborist Approval

****Adjustment Factor** is based on Arborist Rating
 - Trees rated 3-5 have an AF of 1
 - Trees rated 2 have an AF of .5
 - Trees rated 0 or 1 have an AF of 0

***** 50% Reduction**
 - Mitigation is reduced for trees
 located within the building
 setbacks of a parcel

TABLE B: Removal/Critical Impacts to Protected Trees *Outside* the Building Setbacks

Tree Tag #	DSH (inches) (base mitigation)	*Arborist Rating	**Adjustment Factor		Final Mitigation (inches)	Equivalent In-Lieu Fee (inches x 250)
						\$
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						\$
						\$
TOTAL:						\$

***Arborist Rating**
 - Based on the health and structure Of a tree by an ISA certified arborist
 -Subject to City Arborist Approval

****Adjustment Factor** is based on Arborist Rating
 - Trees rated 3-5 have an AF of 1
 - Trees rated 2 have an AF of .5
 - Trees rated 0 or 1 have an AF of 0

***** 50% Reduction**
 - Mitigation is reduced for trees located within the building setbacks of a parcel

TABLE C: Tree Preservation Credit (TPC) – Applies only for trees <i>inside</i> the building setbacks					
Tree Tag #	DSH (inches)	*Arborist Rating	50% Reduction	Final TPC (inches)	Equivalent In-Lieu Credit (inches x 250)
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TOTAL:					\$

*Trees must have an Arborist Rating of 3 or greater to be eligible for TPC

MITIGATION OPTION #1: REPLACEMENT PLANTINGS

Total Mitigation Requirement: (TOTAL of TABLE A + TOTAL of TABLE B) – TOTAL of TABLE C						
TABLE A Total (inches)	+	TABLE B Total (inches)	-	TABLE C Total (inches)	=	Total Mitigation (inches)

MITIGATION OPTION #2: IN-LIEU FEE PAYMENT

Total Mitigation Requirement: (TOTAL of TABLE A + TOTAL of TABLE B) – TOTAL of TABLE C				
Total Mitigation (inches - see OPTION #1)	x	\$250.00	=	Equivalent Mitigation “In-Lieu” Fee