



Schedule E Street Tree Final Review

*To be completed by a Certified Arborist or Certified Landscape Technician
during the growing season (May to October)*

Development Name/File #: _____

Address: _____

All of the street trees pertaining to this file have been inspected individually, and the following has been checked: (Please check off by each, as appropriate)

1. Trees are all alive and healthy: _____

Comments: _____

2. Stakes, ties and other supports have been removed: _____

Comments: _____

3. Trees are free from visible signs of disease or insect damage: _____

Comments: _____

4. Trees are of good structure: _____

Comments: _____

5. Base of trees has been mulched and no signs of weed whipper damage: _____

Comments: _____

6. Excess rock, soil and debris has been removed from base: _____

Comments: _____

Any other comments relating to the state of these trees or deviations from the original plan:

Signed and certified by:

Qualified Professional, designation and stamp (if applicable)

Company name & phone #