

City Arborist
Department of Public Works
City of Cambridge
147 Hampshire Street,
Cambridge MA 02139

CERTIFICATION OF CERTIFIED ARBORIST Form B

Date _____

I, _____, certify that:

1. It is my professional opinion that the tree (the "Tree") identified in the accompanying permit will be causative of an irreversible decline in the overall tree canopy health of the trees on the property on which they are located (the "Property") and that this assessment is based on the following findings:
 - i. The Tree is growing within the drip line of another Significant Tree and either
 - ii. The Tree has major branches that are rubbing against the trunk or major branches of another Significant Tree and that the conflict cannot be removed by any other reasonable mitigation measures.or
 - iii. That the trunk is rubbing against the trunk of the other Significant Tree and the conflict cannot be removed by other reasonable mitigation measures.or
 - iv. That the failure to remove the proposed Tree will lead to a high or extreme risk of failure in another or other Significant Trees on the property within two years.
2. I have personally overseen the inspection of the Tree and the property and have stated my findings accurately.
3. I have no current or prospective ownership interest in the Property that is subject of the Assessment Form and Certification, and I have no personal interest or bias with respect to the parties involved;
4. The analysis, opinions and conclusions stated herein are my own;
5. My compensation associated with this certification is not contingent upon the reporting of a predetermined conclusion that favors the cause of the owner of the Property or any other party; and
6. All the above statements are made in my professional judgment in accordance with standards of conduct required for certified arborists.

signature

ISA Number _____

MCA Number _____