

NEVADA CITY RESIDENTIAL CHIPPING PROGRAM APPLICATION

Last Name: _____ First Name: _____

Phone Number: (____) _____ Email: _____

Property Address: _____

Are You the Property Owner? Yes No If not, please provide owners name and address:

Name: _____

Mailing Address (If Different):

Locked Gate? Yes No Please Provide Access Code: _____

Total Number of Piles: _____ (Anything more than what is stated here, may be rejected)

Average Pile Size: Width: _____ ft. Length: _____ ft. Height: _____ ft.
(Front to Back) (Side to Side) (Top to Bottom)

Are there any special precautions to take on the property? _____

Is there room to turn the chipper around? Yes No

Piles must be placed along road/driveway with adequate turnaround area of at least 40 feet.

How would you like the chips disbursed? Pile Chips Broadcast Chips

BY SIGNING BELOW, I AGREE TO THE FOLLOWING TERMS & CONDITIONS:

1. I agree to permit the Nevada City Chipping Program chipping crew on my property.
2. I agree that my piles are ready, and are stacked per Nevada City Chipping Program guidelines. Nevada City Chipping Program has final authority in determining if piles are compliant.
3. I understand that any additional piles created once my form has been submitted may be rejected.
4. I agree to comply with the Nevada City Chipping Program decision on where to place the chips, as safety is their number one concern.
5. I understand that the Nevada City Chipping Program makes final scheduling decisions.
6. I understand that the Nevada City Chipping Program is not obligated to perform this service, and are not liable for its failure to perform this service, or for the negligent performance of this service.
7. I understand if on-site conditions prove to be a concern, Nevada City Chipping Program staff may refuse service.
8. I understand the Nevada City Chipping Program does not chip on active marijuana grows, timber harvests or commercial properties.
9. I understand that any remaining piles at a job taking longer than 4 hours to chip, will need to be resubmitted to the office for completion at a later date.

SIGNATURE: _____ DATE: _____

Please fill out, SAVE and email to: sam.goodspeed@nevadacityca.gov

or

Mail or hand deliver to: 317 Broad St, Nevada City