



Permit # _____

Date Issued _____

APPLICATION TO REMOVE TREE(S)

Date _____

Request to Remove / Prune _____ tree(s)

Owner _____

Site address _____

For the following reasons _____

Identify house and indicate location of tree(s) to be removed. Tree(s) must be marked. Commercial sites are required to have a tree survey

Contractor _____

Contractual Amount _____

Signature _____

Phone # _____



TREE TO BE REMOVED

Type of Tree Diameter (36@ from ground)

_____	_____
_____	_____
_____	_____

Do Not Write In This Space

A. Request is granted according to site plan _____

Building Inspector

B. Request is denied according to site plan _____

Building Inspector

B-1 You may resubmit your tree survey, or

B-2 You may appeal to the Zoning Board of Adjustments and Appeals in writing within 20 days prior to their next schedule meeting. Your appeal request must be submitted to the Planning Department, 700 Paris Avenue, Port Royal, SC 29935.

Tel (843) 986-2207 Fax (843) 986-2210.

Total Inches Removed _____

Total Inches to be Mitigated _____

Plant Back Inches _____

Amount to Dan Lemieux Memorial Tree Fund _____