City of Walterboro
APPLICATION TO FELL TREES

Application Date _____ _____ **Minor Permit** (single family/duplex residential) _____ **Major Permit** (multi-family/non-residential)

Historic Preservation Overlay _____ **Commercial Timber** _____

Property Owner _____

Applicant Name _____

Phone Numbers _____

Tree Location Address _____

List size (diameter) and type of each tree to be felled:

(1)_____ **(5)**_____

(2)_____ **(6)**_____

(3)_____ **(7)**_____

(4)_____ **(8)**_____

*** Additional Trees may be listed on back of application***

Mark Reason(s) to fell tree(s) requested :

_____ **(a) Trees are dead.**

_____ **(b) Trees pose imminent safety hazard to nearby buildings, persons, utility lines, or vehicular traffic.**

_____ **(c) Trees are located in the footprint of a proposed building or drive which cannot be reasonably relocated.**

_____ **(d) Trees are being cut as a commercial timber operation, provided a twenty five (25) foot wide perimeter buffer of all existing trees is maintained in an undisturbed manner.**

_____ **(e) OTHER**_____

Location of trees are:

_____ **marked with ribbon on site**

_____ **identified in attached photographs**

_____ **shown on attached sketch (single family/duplex residential property)**

_____ **shown on required tree survey (multi-family/non-residential property)**

_____ **tree removal plan provided with tree protection detail**

_____ **tree mitigation plan provided indicating on-site planting**

_____ **request on-site planting exemption - for owner occupied single family or by payment to tree fund**

TREE PERMIT FOR TREE FELLING ONLY VALID FOR SIX (6) MONTHS FROM APPROVAL DATE

Signed x_____ **Print Name**_____

Owner/Applicant

xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx FOR OFFICE USE ONLY xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx

_____ **APPROVED** _____ **Approved with Conditions** _____

_____

_____

_____

_____ **DENIED** _____ **On-site Mitigation Exemption or Payment Amount $**_____

x_____ **x**_____

Chair – Tree Protection Committee **Member – Tree Protection Committee**

x_____ **Date**_____

Administrator

City of Walterboro, 242 Hampton Street, Walterboro, SC 29488
(843) 782-1000 www.walterborosc.org Fax (843) 549-9795