City of Walterboro
APPLICATION TO FELL TREES

Application Date _____

Property OWNER _____**Owners Phone #**_____

Applicant Name (if not owner) _____**Applicants Phone #**_____

Tree Location Address _____

List size (diameter or circumference) 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***

Write Reason(s) to fell tree(s):

_____

_____

_____

_____

Location of trees must be marked with ribbon/paint/etc. on trees:

_____ **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 _____ **Print Name**_____
Owner of Trees Signature **Owner of Trees**

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
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