City of Walterboro
(843) 782-1000 www.walterborosc.org Fax (843) 782-4747

APPLICATION TO FELL TREES

(Please Print)

Application Date _____ **FREE PERMIT**

Property OWNER _____**Owners Phone #**_____

Property Owners Email Address _____

CONTRACTORS Name _____**Contractors Phone #**_____

CONTRACTORS City of Walterboro Business License Number _____

CONTRACTORS Email Address _____

Tree Location Address: _____

(TREES CUT WITHOUT AN APPROVED PERMIT SHALL COST $50.00 PER INCH OF ESTIMATED DBH.)

List type of each tree and size (diameter or circumference) to be felled: **(**example: Magnolia 28" diameter)

(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

BY SIGNING HERE, I UNDERSTAND MY RESPONSIBILITY TO COMPLY WITH CITY ORDINANCES.

Signed _____ **Signed** _____
Property Owners Signature **Contractors Signature**

DO NOT ISSUE UNTIL WE HAVE BOTH SIGNATURES

xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx FOR OFFICE USE ONLY xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx

_____ **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