



Palmetto Hall Architectural Review Board
Palmetto Hall Tree Removal Application

Date: _____

Owner's Name: _____ Lot # _____ (Inspector will provide)

Address: _____

Owners' Phone Number: _____ Owner Email: _____

Contractor: _____ Contractor Phone Number: _____

Contractor Email: _____ Number of Trees to be removed: _____

PLEASE CLEARLY MARK THE TREE(S) YOU WANT TO REMOVE WITH TAPE OR RIBBON

Indicate the location of tree(s) in relation to house and the type of tree(s):

Table with 4 columns: Location, Number, Type or Species, Diameter at chest height. Rows include Front, Back of house, Left of house, Right of house.

Reason for Tree Removal: _____

____ Please initial here confirming that you understand all tree stumps must be ground down below grade.

____ Please initial that you understand that tree mitigation may need to required as determined by ARB Inspector.

Property Owner Signature _____ Date: _____

Check Amount for Mitigation and Date Received (If applicable):

Approved by ARB Inspector _____ Date: _____

*Please note that before removing tree(s) the contractor must attend a brief meeting with an ARB inspector at the POA Office if not previously done. Date Briefing completed: _____