



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):

<u>Location</u>	<u>Number</u>	<u>Type or Species</u>	<u>Diameter at chest height</u>
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 be required as determined by ARB Inspector
Failure to mitigate as agreed upon will result in fines and a forfeiture of the mitigation deposit.

_____ Please initial here confirming that you understand mitigation work must be completed within 90 days
unless approved otherwise by the POA.

Property Owner Signature _____ 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.**