# Town of Summerville, South Carolina

## Tree Removal Permit Application

**Permit Requested By** *Name & Title* _____

**Home Owners** *If different from above* _____

**Address** _____

**Phone Number** _____ **Email** _____

**Type and Number of Trees to be felled:**

_____ Pines _____ Oaks _____ Birches

_____ Magnolias _____ Dogwoods _____ Cedars

Other: _____

**Reason for tree removal:**

**I will mark the trees to be felled with: _____ Bright Plastic Tape _____ Brightly Colored Spray Paint**

**_____ Brightly Colored String/Rope**

**If trees are to be cut for the purpose of construction (new homes, pools, garages, etc.), has a building permit been applied for? ____ Yes ____ No ____ Not Applicable**

*Note: A sketch and/or images of the location of the tree(s) in relation to any bldg. (house) at the address Provided must be attached to the Tree Removal Permit Application.*

_____ _____

Signature Date

**[FOR OFFICE USE ONLY]**

____ Approved ____ Disapproved

Comments:

_____ _____

Tree Committee Member Date