

Belfair ARB Application for Tree Removal Form #3 (Page 1 of 2)

Submission Date: _____

Applicant Information:

Property Owner(s): _____ Phone: _____

Lot #: _____ Address: _____

Mailing Address (if different from above):

Email Address:

Reason for Removal:

REASON	TREE 1 (Species/Size*)	TREE 2 (Species/Size*)	TREE 3 (Species/Size*)
Dead			
Damaged Beyond Repair			
Danger to Person or Property			
Diseased			
Other			
Proposed Replacement			

****Size is determined as the diameter of the tree four (4) feet above existing grade***

Number of trees requested for removal: _____

Note how trees are marked:

Property Owner's Signature:

Please submit this request with any pictures to the ARB for processing.

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Contractor Information:

Tree Service Contractor: _____ Phone: _____

Approval:

ARB Approved: Y _____ N _____ Date: _____

Replacement:

- ☐ The ARB does not require replacement trees.
- ☐ The Property Owner or representative agrees to plant the following trees:

_____ By (Date): _____

Please Advise ARB Administrator when the replacement tree/trees have been planted.

Property Owner's Signature: _____ Date: _____

ARB Administrator's Signature: _____ Date: _____

Please sign and return this form via mail, email or fax to:

Belfair Architectural Review Board
200 Belfair Oaks Boulevard
Bluffton, SC 29909
Email: sreed@belfair1811.com
Fax: 843-757-7711