

Town of Sullivan's Island Tree Removal Request



Date _____

Applicant Address _____

Applicant Name _____

Applicant Phone _____

Applicant Signature _____

Address Where Trees(s) Located _____

Description of Tree _____ Type _____ Diameter _____

If more than one tree is involved, list additional tree information in comment section below or attach a separate sheet with description(s) and submit with this request form.

Reason Applicant Feels Tree(s) Should Be Removed _____

Additional Applicant Comments _____

Proposed Replacement Tree(s) _____

Office Use Only Below This Line _____

Zoning Administrator: Approved/ Denied/ Referral to Tree Commission

Signature _____ Date _____

Tree Commission Chairman Signature _____ Date _____

Comments _____

