

VEGETATION REMOVAL REQUEST

Cassique Architectural Review Board • 7 Beachwalker Drive, Building #8 • Kiawah Island, SC 29455 • 843-768-3419 • 843-768-0517 (fax)

Address of Project _____

Owner _____ Certified Arborist _____

Address _____ Address _____

_____ Zip _____ _____ Zip _____

Telephone _____ Fax _____ Telephone _____ Fax _____

Please Check One:

Lot Clearing

Pruning

Tree Removal

Landscape

Contractor: _____

Address: _____

_____ Zip _____

Phone: _____

Fax: _____

Type of tree or vegetation, quantity, brief description of location, and reason for request:

** Please identify the tree(s) on site with surveyor's ribbon.*

Lot Clearing Request: Approved Disapproved ARB Notes: _____

Pruning Request: Approved Disapproved ARB Notes: _____

Tree Removal Request: Approved Disapproved ARB Notes: _____

Generally, tree removal is only approved if the tree is diseased, damaged, or a threat to a home and recommended by a Certified Arborist.

If the tree removal request is approved, the number of inches of mitigation is required:

Mitigation must be in the form of native hardwoods, with a caliper of three inches or larger.

If mitigation is required, a refundable deposit must be submitted to the ARB office prior to installation.

This Vegetation Removal Request made this _____ day of _____, 20 ____

by _____ and _____ or _____
(Property Owner) (Certified Arborist) (Landscape Contractor /Lot Clearing)

Request approved this _____ day of _____, 20 ____

by _____
(ARB Representative)