

**TREE REMOVAL
APPLICATION —
ZONING PERMIT**

Fee: \$22.00



Matthew Schelly
(252) 639-7583
Fax: (252) 636-2146
schellym@newbernnc.gov

Address of Tree(s) to be Removed: _____

Applicant: _____ Owner: _____

Address: _____ Address: _____

Telephone: _____ Telephone: _____

Fax: _____ Fax: _____

Email: _____ Email: _____

Legal relationship of applicant to property: _____

1. A Certified Arborist, using one or more of the criteria below, shall describe in detail the situation that requires tree removal and also suggest a replacement species with a mature canopy volume similar to the tree(s) to be replaced. Attach the Certified Arborist's letter and/or report.

- a. The regulated tree is dead, severely diseased, injured, or in danger of falling close to existing or proposed structures.
- b. The regulated tree is causing disruption to existing utility service or causing drainage or passage problems upon the right-of-way.
- c. The regulated tree is posing an identifiable threat to pedestrian or vehicular safety.
- d. The regulated tree violates state or local safety standards.
- e. Removal of the regulated tree is necessary to enhance or benefit the health or condition of adjacent trees or property.
- f. The regulated tree restricts the allowable use of the property.

2. Attach site plan sketch showing existing and proposed site conditions. The sketch may be drawn on the back of the application.

Applicant's Signature _____ Date _____

Approved []	Denied []
Staff Comments: _____	

Signature _____	Date _____