

Tree Removal and Replacement Permit Application

Property address of the removal _____

Drawing or Plot Plan where tree is located within my property lines:

Is the tree showing signs of life: Yes No

If yes, please attach a signed certified arborist statement as to why this tree needs to come down.

Name of Certified Arborist: _____ Certified Arborist License #: _____

Please attach pictures of tree to be removed.

By submitting this application, I agree that I will have the remaining stump ground and will replant a native tree that is at least five (5) feet tall. If the tree is removed between November and March, the replacement tree must be planted by the end of April, otherwise the replacement tree must be planted within 60 days of removal. If for some reason the tree cannot be replanted in the same spot, I agree to plant tree somewhere else designated by the tree committee. _____ (Member initials)

If applicable explain why the tree cannot be replanted in the same spot.

After approval has been granted by the Board of Managers, I will notify the Campmeeting office of the removal date at least five (5) days before the tree company arrives. _____ (Member initials)

Member Name(s): _____

Mailing address _____

Phone: _____ E-mail _____

Member Signature _____ Date _____

Signature of Tree Committee Chair _____ Date _____

MGCA Use Only	Lot Number: 61X	Board Meeting Date:	<input type="checkbox"/> Approved <input type="checkbox"/> Denied
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