

Tree Removal Permit City of Clarkesville

This permit application is for the removal of trees within the City of Clarkesville. It is intended to familiarize the permittee with the general requirements of the Tree Conservation Ordinance Article XXIX of the Clarkesville Code.

FAILURE TO COMPLY WITH THESE PROCEDURES MAY RESULT IN PENALTIES AND/OR FINES.

Contact the Zoning Administrator or City Arborist for information and questions regarding tree removals.

Office Use Only	
Residential: ____	Commercial: ____
Approval: Yes ____	No ____
Tree Removal Permit: # _____	
Reviewed by _____	Date _____

1. A tree removal permit application **MUST** be submitted to the City of Clarkesville prior to the removal of any tree (**DEAD or ALIVE**) from residential or commercial property. Property owners name and contact information **MUST** be provided.
2. Emergency tree removals will be handled on a case by case basis. Please call the Zoning Administrator as soon as possible. **If an emergency removal occurs during non-business hours or a City representative cannot be contacted, provide the Zoning Administrator with a voice message, fax, or email as soon as possible. Take pictures to document the removal and submit a completed application and supporting documentation by the next business day.**
3. All trees to be removed must be easily identifiable in the field and must correspond to the ID listed below for verification.
4. Include a sketch of the property with locations of the tree(s) to be removed. Include and structures, driveways, etc. **For trees near property lines, property corners must be verified by the owner.**
5. Tree removals may not cause the property to go below the minimum density requirements as stated in the Tree Conservation Ordinance. An approved replanting is required within 9 months.
6. The removal of any **specimen** tree as defined in Section 2908 without prior written approval may result in additional penalties.
7. **Tree Removal Permits or written approval will be issued within 10 business days from the date of submittal.**

Please provide as much information as possible and include additional sheets if needed.

Owner _____ Address _____ Phone _____

Owner Contact _____ Phone _____

Contractor Contact _____ Phone _____

Tree #	Botanical or Common Name	Dbh* or circumference	Reason for Removal	City Comments

I have read and understand the above information.

Signature of Property Owner or Contractor Date

*Diameter at breast height (dbh) measured at 4.6' above the ground line.