

Application For Tree Removal
(Attach To Design Review Application)

DO NOT BEGIN WORK UNTIL APPLICATION APPROVED BY ARB

Name: _____ Block: _____ Lot: _____

Street Address: _____

Phone Numbers: Day _____ Evening _____

e-mail: _____

Who will be doing the work? Indicate yourself or the name and phone of your contractor

<p><u>Reason for Removal:</u> <input type="checkbox"/> Tree is dead <input type="checkbox"/> Diseased or dying</p> <p><input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Encroaches upon a planned structure <i>(structure location and approval forms if necessary)</i></p>
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- Please be sure to include an accurate site plan with tree(s) clearly marked for removal.
- Please use some ribbon or paint to mark the tree(s) you wish to remove so that the ARB members may inspect them.

NOTE: As per your Dalton Woods Covenants and Restrictions, all trees with an 8 in. or greater diameter, 2 feet above ground must have ARB approval for removal from property.

Homeowner(s) Signature: _____ X

ARB has up to 30 days to take action on your application
Work Must be completed 12 months from ARB approval or Re- Approval Required

<p><input type="checkbox"/> Approved <input type="checkbox"/> Partial Approval <input type="checkbox"/> Conditional Approval <input type="checkbox"/> Not Approved</p> <p>Comments: _____</p> <p>_____</p> <p align="center">Tree Removal Approval (must be signed by at least two ARB members)</p> <p>_____ ARB Member _____ ARB Member</p> <p>_____ ARB Member Date: _____</p> <p align="center">Please notify the Management Company when work is completed for final inspection</p>
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