

THE ASSOCIATION OF LANDOWNERS OF PORT ROYAL PLANTATION, INC.
10 COGGINS POINT ROAD
HILTON HEAD ISLAND, SOUTH CAROLINA 29928

TREE REMOVAL APPLICATION/PERMIT

_____ Date _____

_____ Property Owner
_____ Mailing Address
_____ City, State, Zip

Lot # & Section _____ Phone # _____

Tree Service Contractor _____

Tree(s) Planned for Removal:

<u>Species</u>	<u>Diameter at 4 ½ Feet Above Ground</u>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

Justification (Refer to Tree Nos. Above):

1. _____
2. _____
3. _____
4. _____

INSTRUCTIONS:

1. Complete and sign form. Turn in to ALOPRP Office or mail to ALOPRP, 10 Coggins Point Road, Hilton Head Is., SC 29928.
2. Include a property sketch or a marked site plan to locate the specific tree(s) to be removed, in relation to the home and other features of the property.
3. Mark the tree(s) with a distinctive tape or sign to facilitate site inspection by PAB members.
4. This Permit will be reviewed at the next regular PAB meeting. If approved, the validated Permit will be returned to the applicant to authorize tree removal.
5. No tree removal is permitted without authorization. If the work is to be performed by contract, the tree service contractor must have the validated Permit in hand before work is started.

SIGNED: _____ APPROVED: _____
Date _____ Date _____
Applicant PAB Administrator/Board Member

[] Permit Issued _____

(OVER)