

Vegetation Removal Request Form

Kiawah Island Architectural Review Board • 253 Gardeners Circle, Suite 200 • Johns Island SC 29455 • 843.768.3419 • 843.768.0517 (fax)
Mailing Address: 130 Gardeners Circle, Suite 123 • Johns Island SC 29455 • arb@kiawah.com • www.KiawahARB.com

Address of Project _____

Owner _____

Address _____

_____ ZIP _____

Telephone _____

Email _____

Certified Arborist _____

Address _____

_____ ZIP _____

Telephone _____

Email _____

Landscape Contractor _____

Address _____

_____ ZIP _____

Telephone _____

Email _____

- Please Check One:**
- Lot Clearing
 - Pruning
 - Tree Removal

*** Please identify the tree(s) onsite with surveyor's ribbon**

Type of tree or vegetation, quantity, brief description of location, and reason for request:

Generally, tree removal is only approved if the tree is diseased, damaged, or a threat to a home and recommended by a Certified Arborist.

- | | | |
|-----------------------|-----------------------------------|--------------------------------------|
| Lot Clearing Request: | <input type="checkbox"/> Approved | <input type="checkbox"/> Disapproved |
| Pruning Request: | <input type="checkbox"/> Approved | <input type="checkbox"/> Disapproved |
| Tree Removal Request: | <input type="checkbox"/> Approved | <input type="checkbox"/> Disapproved |

ARB Comments and/or Required Mitigation

If mitigation is required, it must be installed within 90 days of ARB approval.

This Vegetation Removal Request made this _____ day of _____, 20_____

by _____ and _____

Property Owner

Certified Arborist/ Landscape Contractor/ Lot Clearing Contractor

Request approved this _____ day of _____, 20_____ by _____

ARB Representative