

# Vegetation Removal Request Form

Cassique 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.CassiqueARB.com](http://www.CassiqueARB.com)

**Address of Project** \_\_\_\_\_

**Owner** \_\_\_\_\_

**Certified Arborist** \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_ ZIP \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_ ZIP \_\_\_\_\_

Telephone \_\_\_\_\_

Telephone \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

**Landscape Contractor** \_\_\_\_\_

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

Address \_\_\_\_\_  
\_\_\_\_\_ ZIP \_\_\_\_\_

Telephone \_\_\_\_\_

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

Email \_\_\_\_\_

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

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**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

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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