

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 _____ **Certified Arborist** _____
 Address _____ Address _____
 _____ ZIP _____ Telephone _____ ZIP _____
 Telephone _____ Telephone _____
 Email _____ Email _____

Landscape Contractor _____ **Please Check One:** Lot Clearing
 Address _____ Pruning
 _____ ZIP _____ Tree Removal
 Telephone _____
 Email _____

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

Type of tree(s) or vegetation, quantities, brief description of location, and reason for request:

Tree Removal Review Fee*

<input type="checkbox"/> Palms, any size (\$25 / each)	Number: _____	Amount: \$ _____
<input type="checkbox"/> Trees 6" and > but < 24" in caliper (\$50 / each)	Number: _____	Amount: \$ _____
<input type="checkbox"/> Trees 24" and > in caliper (\$100 / each)	Number: _____	Amount: \$ _____
		Total Review Fee: \$ _____

Certified Arborist report attached Yes No

NOTICE: Generally, tree removal is only approved if a tree is diseased, damaged, or a threat to a home and recommended by a Certified Arborist. If mitigation is required for tree removal, an ARB permit will be issued upon receipt of a \$1,000 refundable deposit (made payable to KIARB) prior to removal. Mitigation must be installed within 90 days of approval and prior to closing out the permit. An ARB permit and deposit are not needed for tree removals where mitigation is not required.

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

by _____ and _____

Property Owner Certified Arborist/ Landscape Contractor/ Lot Clearing Contractor

FOR ARB USE ONLY

Lot Clearing Request: Approved Disapproved **Pruning Request:** Approved Disapproved
Tree Removal Request: Approved Disapproved **Mitigation & Permit:** Yes No

Comments

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

ARB Representative

*Please submit Tree Removal Review Fee payable to KIARB with submission of this form. A portion of all Tree Removal Review Fees are donated to the Kiawah Conservancy.