

Date Received \_\_\_\_\_ Property File \_\_\_\_\_

# 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](http://www.KiawahARB.com)

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

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

Address \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_ ZIP \_\_\_\_\_ Telephone \_\_\_\_\_ Telephone \_\_\_\_\_

Email \_\_\_\_\_ Email \_\_\_\_\_

**Landscape Contractor** \_\_\_\_\_ **Please Check One:**

Address \_\_\_\_\_  Lot Clearing

\_\_\_\_\_ ZIP \_\_\_\_\_  Pruning

Telephone \_\_\_\_\_  Tree Removal

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:**

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**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: \$ _____
			<b>Total Review Fee: \$ _____</b>

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.** In cases of hazardous tree removals where mitigation is required, the refundable deposit is waived and the permit will remain open until mitigation is installed. 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**

<b>Lot Clearing Request:</b>	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<b>Pruning Request:</b>	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved
<b>Tree Removal Request:</b>	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<b>Mitigation &amp; Permit:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Comments**

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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 in support of local conservation efforts.