Date Received_____ Property File_____

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

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

Tree Removal Review Fee*

☐	Palms, any size ($25 / each)	Number: ____	Amount: $_____
☐	Trees 6" and > but < 24" in caliper ($50 / each)	Number: ____	Amount: $_____
☐	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. <u>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.</u> In cases of hazardous tree removals where mitigation is required, the tree removal review fee and refundable deposit are 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

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 in support of local conservation efforts.*