



Permit # _____

Date Issued _____

REQUEST APPLICATION TO REMOVE TREE(S) TO BUILDING OFFICIAL, TOWN OF PORT ROYAL

Date _____

Request to Remove / Prune _____ tree(s)

Owner _____

Site address _____

For the following reasons _____

Identify house and indicate location of tree(s) to be removed. Tree(s) must be marked. Commercial sites are required to have a tree survey

Contractor _____

Signature _____

Phone # _____



TREE TO BE REMOVED

Type of Tree

Diameter (36" from ground)

Do Not Write In This Space

A. Request is granted according to site plan _____
Building Inspector

B. Request is denied according to site plan _____
Building Inspector

B-1 You may resubmit your tree survey,
Or

B-2 You may appeal to the Zoning Board of Adjustments and Appeals in writing within 25 days prior to their next schedule meeting. Your appeal request must be submitted to the Planning Department, P O Drawer 9, Port Royal, SC 29935. Tel (843) 986-2207 Fax (843) 986-2210.