

TREE REMOVAL APPLICATION

Town of Moncks Corner Public Service

Date: _____

Applicant: _____

Applicant Address: _____

Applicant Phone Number: _____

Contractor Name: _____ Phone No. _____

*Contractor must be properly licensed with the Town of Moncks Corner

Property Owner (if different from applicant): _____

Owner Address: _____

Owner Phone Number: _____

Property Use (residential, commercial, etc.):

Are there any Grand Trees proposed to be removed (24 DBH or greater)? YES NO

According to Section 16-124 of The Town Code, explain in detail the conditions that exist that require the removal of the trees designated on the site plan. _____

Additional comments or supporting information: _____

Property Owner's Signature: _____ Date: _____

Administrator: _____ Disapproved Approved Date: _____

Town Council: _____ Disapproved Approved Date: _____

Official Use: _____

