

TOWN OF BEECH MOUNTAIN
Live Tree Cutting Permit Application Form

Property Owner (As listed on deed): _____

Local Address: _____

Phone: _____ Email: _____

Tree Cutter: _____

Is Tree Cutter Registered with Town? Y ___ N ___

Describe Work: _____

Reason for cutting/ removing/ trimming trees:

- | | |
|---|---|
| <input type="checkbox"/> Trees are within 15 feet of structure | <input type="checkbox"/> Trees are within a temporary service route for construction (must be replaced) |
| <input type="checkbox"/> Trees are within 5 feet of approved septic tank/ drain field | <input type="checkbox"/> Approved landscaping plan |
| <input type="checkbox"/> Trees are within 5 feet of approved driveway/ parking area | <input type="checkbox"/> Trimming trees (must not be done to an extent that the tree's life or health is jeopardized- generally no more than 1/3 canopy may be removed. Work should adhere to ANSI standards.) |
| <input type="checkbox"/> Trees pose a hazard | |
| <input type="checkbox"/> The cutting of the trees promotes the growth of other trees | |
| <input type="checkbox"/> Trees are diseased or damaged | |

Has a photo showing the scope of the tree work been taken? Y ___ N ___ **(NOTE: the ordinance requires that a photo of the tree work be taken- you are responsible for taking this photo and retaining it for your records.)**

Are all the trees to be cut located on the property of the person listed above as the owner? (If not, written permission of the adjacent property owner must be provided before a permit can be issued). Y ___ N ___

By signing below I am certifying that the tree work herein applied for will comply with Town of Beech Mountain regulations including the criteria for tree removal or tree trimming as stated above.

APPLICANT SIGNATURE: _____

| |
|--|
| Town Official: ___ Approved ___ Denied Date _____ |
| Signature _____ |
| Conditions: _____ Replacement Trees (provide number) |
| Comments: _____ |

PERMIT VALID FOR 90 DAYS