



# TREE PERMIT APPLICATION

## PROJECT INFORMATION

Property Address: \_\_\_\_\_ Property Owner: \_\_\_\_\_  
 Owner Phone: \_\_\_\_\_ Owner Email: \_\_\_\_\_

## TREE CUTTER INFORMATION (MUST BE REGISTERED WITH THE TOWN)

Contact Name: \_\_\_\_\_ Business Name: \_\_\_\_\_  
 Business Address: \_\_\_\_\_  
 Business Phone: \_\_\_\_\_ Business Email: \_\_\_\_\_

## REASON FOR TREE REMOVAL (CHECK ALL THAT APPLY)

- |  |   |
|--|---|
| <input type="checkbox"/> Trees are within 15' of structure                       | <input type="checkbox"/> New construction (Need Clearing Permit)  |
| <input type="checkbox"/> Trees are within 5' of approved septic tank/drain field | <input type="checkbox"/> Trees are within a temporary service route for construction (must be replaced)   |
| <input type="checkbox"/> Trees are within 5' of approved driveway/parking area   | <input type="checkbox"/> Trimming trees/view cut (must not be done to extent where the tree's life or health is jeopardized - generally no more than 1/3 of canopy may be removed.) |
| <input type="checkbox"/> Trees pose a hazard to life or property                 |   |
| <input type="checkbox"/> Tree cutting promotes growth of other trees             |   |
| <input type="checkbox"/> Trees are diseased or damaged                           |   |

## DESCRIPTION OF WORK (ATTACH ADDITIONAL SHEET IF NECESSARY)

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- ☐ Photos have been taken of proposed work and retained for my records
- ☐ All trees to be cut are located on the property of the person listed above as owner
- ☐ If no: written permission of adjacent owner must be attached to this permit application for approval
- ☐ For new construction: This permit application is submitted in addition to the Site Clearing/Grading Permit

## TREE CUTTER STATEMENT

*I, the undersigned, have read and understand the Town of Beech Mountain Tree Ordinance. If I resign or am no longer affiliated with this said project, I will notify the Department of Planning and Inspections immediately by phone or in person, and in writing within three (3) working days. I will notify the Department with any major deviation from the scope of this permit application. Additionally, I attest that I have registered with the Town of Beech Mountain as a service provider and have no outstanding permit fees or fines. I understand that any site cleared or tree cut without a permit shall result in a fine as specified by the current Town Fee Schedule. This permit shall be valid for 90 days.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE RETURN COMPLETED APPLICATIONS TO TOWN HALL IN PERSON OR BY EMAIL TO [permits@townofbeechmountain.com](mailto:permits@townofbeechmountain.com)**

DATE RECEIVED	PERMIT NUMBER	CONTRACTOR REGISTRATION	DATE ISSUED	APPROVAL INITIAL	COMMENTS/CONDITIONS
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