

Vegetation Removal Request Form

Kiawah Island 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.KiawahARB.com

Address of Project _____

Owner _____	Certified Arborist _____
Address _____	Address _____
_____ ZIP _____	_____ ZIP _____
Telephone _____	Telephone _____
Email _____	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*

<input type="checkbox"/> Palms, any size (\$25 / each)	Number: _____	Amount: \$ _____
<input type="checkbox"/> Trees 6" and > but < 24" in caliper (\$50 / each)	Number: _____	Amount: \$ _____
<input type="checkbox"/> 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. 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. In cases of hazardous tree removals where mitigation is required, the tree removal 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: <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Pruning Request: <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved
Tree Removal Request: <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Mitigation & Permit: <input type="checkbox"/> Yes <input type="checkbox"/> 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.*