



COMMERCIAL TREE REMOVAL APPLICATION

65 Lawrenceville Street, Norcross, Georgia 30071

Telephone: 678-421-2027

Facsimile: 770-242-0824

OWNER INFORMATION

Owner's name: _____
 Owner's address: _____
 Phone: _____ Fax: _____ Email _____

APPLICANT'S CONTACT INFORMATION

Contact name: _____
 Company Name: _____
 Contact address: _____
 Phone: _____ Fax: _____ Email _____

PROPERTY INFORMATION

Tax Parcel Number _____ Zoning: _____
 Address _____
 Number of existing structures _____
 Current Canopy Coverage Percentage: _____
 Future Canopy Coverage Percentage (after tree removal) _____

TYPE OF TREE(S) TO BE REMOVED

(Please use addition paper if removing more trees.)

Tree # 1 species _____ Diameter of Tree #1 at 4.5' above ground _____
 Tree # 2 species _____ Diameter of Tree #2 at 4.5' above ground _____
 Tree # 3 species _____ Diameter of Tree #3 at 4.5' above ground _____
 Tree # 4 species _____ Diameter of Tree #4 at 4.5' above ground _____
 Tree # 5 species _____ Diameter of Tree #5 at 4.5' above ground _____
 Tree # 6 species _____ Diameter of Tree #6 at 4.5' above ground _____

REASON FOR TREE REMOVAL REQUEST

(Attach additional documentation if necessary)

REQUIRED ITEMS AND ATTACHMENTS

- Photo Original Signature of Owner/Agent and Applicant
- Scaled site plan showing current canopy coverage calculations (11x17 size or larger)
- Scaled site plan showing future canopy coverage calculations (11x17 size or larger)
- Statement from State of Georgia certified arborist, forester or landscape architect for removal of trees 28" in diameter or larger

STATEMENT

I understand that the City of Norcross' Tree Ordinance requires that trees 28" in diameter or larger must have a signed statement from a State of Georgia arborist, forester or registered landscape architect explaining why the tree must be removed. I further attest that the documentation and statements included in this application are true and correct

 Signature of Applicant

 Date

 Signature of Owner/Agent

 Date

CITY USE ONLY. DO NOT WRITE IN THIS BOX.

Date received: _____ Permit Number: _____
 Decision: Approval _____ Approval with conditions _____ Denial _____
 Director, CDD: _____
 Notes: _____