



**DORCHESTER COUNTY  
GROWTH MANAGEMENT DEPARTMENT**

**PLANNING & ZONING DIVISION**

500 N. Main Street, Box 3

Summerville, South Carolina 29483

Phone (843) 832-0020 / (843) 563-0020

Fax (843) 832-0037 / (843) 563-0037

**TREE REMOVAL PERMIT**

TMS# \_\_\_\_\_

NAME \_\_\_\_\_ TODAY'S DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_ (CELL) \_\_\_\_\_

DO YOU OWN THE PROPERTY? Yes \_\_\_\_\_ No \_\_\_\_\_

OWNER'S SIGNATURE \_\_\_\_\_

LOCATION OF TREE (STREET ADDRESS-IF DIFFERENT FROM ABOVE ADDRESS)

\_\_\_\_\_ SUBDIVISION \_\_\_\_\_

REASON FOR REMOVAL \_\_\_\_\_

PLEASE DRAW A SITE PLAN DESIGNATING THE LOCATION OF TREE (S) BEING CONSIDERED FOR REMOVAL. **MARK TREES WITH PAINT OR RIBBON**

AN INSPECTION WILL BE SCHEDULED AND CONDUCTED. UPON APPROVAL, THE APPLICANT WILL BE GIVEN A TREE REMOVAL PERMIT TO BE PROMINENTLY DISPLAYED ON OR NEAR THE TREE LOCATION ANY TIME TREE WORK IS BEING CONDUCTED. THANK YOU FOR YOUR PATIENCE.

**APPROVED** \_\_\_\_\_ **DENIED** \_\_\_\_\_

REASON FOR DENIAL \_\_\_\_\_

PERMIT EXPIRES IN 6 MONTHS \_\_\_\_\_