



**CRESCENT ACC
APPLICATION FOR TREE REMOVAL**

DATE SUBMITTED _____

DATE APPROVED _____

DATE COMPLETED _____

OWNER: _____

ADDRESS _____ LOT _____

TELEPHONE NO: _____

EMAIL ADDRESS: _____

CONTRACTOR NAME & ADDRESS: _____

PHONE # _____ FAX # _____

EMAIL ADDRESS: _____

TREE REMOVAL – List each tree, its location and the reason for removal request. A letter from an arborist explaining why the tree must be removed is required for any specimen tree removal. No arborist letter is required for non-specimen trees. No approval is required for any tree under 6” in diameter at 2’ above ground.

_____	_____
_____	_____
_____	_____
_____	_____

TREES TO BE REMOVED MUST BE MARKED WITH RIBBON OR TAPE

APPROVAL MUST BE GIVEN PRIOR TO ANY TREE REMOVAL BEGINNING

Refundable Compliance Deposit may be required depending upon the equipment needed for the tree removal.

APPLICANT’S SIGNATURE: _____

CONTRACTOR’S SIGNATURE _____

Contact Marcel Sarrasin at mgsarr@gmail.com or visit the website thecrescent.us if any questions.