Jeff Ricketson, AICP

Liberty Consolidated Planning Commission

100 Main Street, Suite 7520 Hinesville, Georgia 31313 Phone: 912-408-2030 Fax: 888-320-8007



Executive Director

LCPC Permit # **APPLICATION for** TREE REMOVAL PERMIT Fee: \$50.00 This permit is only required for the incidental removal of trees associated with non-agricultural or non-forestry uses. **PROPERTY OWNER** Name _____ Name of Contact (if owner is a bus. entity) Mailing Address **24-hour contact:** phone ___ Email **CONTRACTOR** (*if not property owner*) Name Name of Contact (if contractor is a bus. entity) Mailing Address **24-hour contact:** phone PROPERTY INFORMATION Street Address Parcel Number Current use of property: Proposed use of property: \square Same as existing \square Other (describe) **ACTION ON PERMIT** □ APPROVED ☐ APPROVED with conditions noted below □ DISAPPROVED Conditions: date of issuance Signature of LCPC inspector or engineer

PROPOSED WORK - provide sketch of property showing location of trees to be removed		
Description of work (<i>check all that apply</i>): □ cuttin □ other (<i>describe</i>)	ng trees down □ stump grindin	ng
Tree species	<u>Diameter*</u>	No. to be removed
	* can be a range (i.e. 12-15")	
Additional information, if any.		
ADDITIONAL INFORMATION FOR APPLICAN	T	
1. The permit, if issued, authorizes the work described the issuance date.	in this application and is valid fo	or six (6) months from
2. Other permits - local, state and/or federal - may be re such permits if required.	equired. It is the applicant's resp	onsibility to obtain
3. The granting of this permit does not presume to give other state or local law regarding construction or the	•	e the provisions of any
4. All provisions of the laws and ordinances governing herein or not.	this work shall be complied with	n, whether specified
PROPERTY OWNER'S CERTIFICATION		
I, the undersigned, certify that I am either the propert read and examined this application, and I affirm the i I certify that the contractor named above, if any, has I agree to notify LCPC if any information related to t	information contained herein is t my permission to perform the w	rue and correct. Further,
Signature		Date
OFFICE USE ONLY		
Date of receipt	aid (date):	