



Town of Waxhaw
Development Services Department
1150 N. Broome Street, PO Box 617
Waxhaw, NC 28173
704-843-2195 (Phone)
704-243-3276 (Fax)
www.waxhaw.com

Date Received

Permit Fee

Permit Number

Tree Removal Permit

Note: A Tree Removal Permit is only required for new subdivisions, non-residential developments, and multi-family developments per UDO Section 9.21.2.A.1.

Date of Application: _____

Applicant Name: _____ Telephone: _____

Applicant Mailing Address: _____

Applicant Email Address: _____

Property Owner Name: _____ Telephone: _____

Property Owner Mailing Address: _____

Relationship of Applicant to Property Owner: _____

Parcel No: _____ Zoning: _____

Address of Property: _____

Lot Size: _____ Flood Plain: _____

Total Land area Affected: _____ Number of Trees to be Removed: _____

Purpose of Tree Removal: _____

Section 9.21.5- Unified Development Ordinance - Tree Removal Permit Required

- A. **General Regulations.** A tree removal permit will be required before removing:
1. Trees eight (8) inches and larger DBH and any understory tree (e.g. Dogwood, Redbud, Ironwood, American Holly, etc.) with a caliper measurement of four (4) inches or more or on any parcels of land being developed for non-residential, multi-family, single-family subdivision or non-agricultural use
 2. Trees growing on slopes over twenty-five percent (25%).
 3. Any threatened or endangered species of tree as defined by the North Carolina State Department of Environmental Conservation regardless of size.

Attachments

In order to be considered complete, the following must accompany each application:

1. Application fee (checks made payable to the Town of Waxhaw).
2. A map depicting the location of the site where the tree(s) will be removed. Three copies are required.
3. A site plan or construction plans showing the tree(s) which are to be removed and any existing or proposed improvements on the site (where applicable). Three copies are required.

Certifications

I hereby certify that all the information provided for this application is, to the best of my knowledge, accurate and complete.

Signature of Applicant

Signature of Property Owner

Printed Name of Applicant

Printed Name of Property Owner

Date

Date

THE FOLLOWING SHALL BE FILLED OUT BY THE ZONING ADMINISTRATOR

Based on the information hereby furnished to me, and my knowledge of the Waxhaw Unified Development Ordinance, **I HEREBY:**

APPROVE

DISAPPROVE

COMMENTS / CONDITIONS: _____

Zoning Administrator

Date